AMERICAN MEDICAL TIMES

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Bellevue Hospital Medical College.

—ANNOUNCEMENT FOR 1861-2.—The Trustees and Faculty announce, with much pleasure, the organization of this College, with a corps of thirteen Professors, and a full course of lectures during the next autumn and winter.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*
BENJAMIN W. McCREADY, M.D., *Secretary.*
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R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
CHARLES D. PHELPS, M.D., Demonstrator of Anatomy.
N. R. MOSELY, M.D., Prosector to Chair of Surgical Anatomy.
SYLVESTER TEATS, M.D., Prosector to Chair of Operative Surgery and Surgical Pathology.

PRELIMINARY TERM.

A preliminary term will commence on Wednesday, September 18, 1861, and continue until the beginning of the regular term. In addition to daily instruction in the hospital wards, and clinical lectures, at least three lectures will be given daily on subjects of practical importance, by members of the Faculty, during this term. Among the subjects which will be taken up during the preliminary term are the following:—Organic Affections of the Uterus, by Prof. Taylor; Uterine Displacements, by Professor Barker; Inflammatory Diseases of the Uterus and Appendages, by Prof. Elliot; the Thoracic Viscera, by Prof. Childs; Auscultation and Percussion, by Prof. Flint; Syphilis, by Professor Hamilton; Surgical Affections of the Genito-Urinary Apparatus, by Prof. Wood; Endosmosis and Exosmosis, with their Practical Applications, by Professor Doremus.

The attention of students and practitioners is invited to the variety and practical importance of the subjects which will be treated of during the preliminary term. Although attendance is not required on the part of the student, it is designed to render this term, not a nominal, but an actual extension of the period of instruction.

Dissections may be prosecuted during this term as well as during the whole of the regular term.

REGULAR TERM.

The regular term will commence on Wednesday, October 16, 1861, and end in the early part of March, 1862.

During the regular term the lectures will be so arranged as not to interfere with attendance in the hospital wards. Ample time will be allowed for accompanying the visiting physicians and surgeons in their daily rounds, attending clinical lectures in the hospital amphitheatre, witnessing surgical operations, and autopsical examinations, without conflicting with any of the didactic lectures.

This College, having been established in connexion with the Bellevue Hospital, offers peculiar advantages arising from the fact that the lectures in all the departments of instruction will be given within the hospital grounds. The Professors in all the practical branches being connected with the hospital, either as visiting physicians or surgeons, all the important subjects pertaining to Surgery, Obstetrics, Therapeutics, and the Practice of Medicine can be amply illustrated by cases under observation in the hospital wards, and by autopsical examinations, simultaneously with their consideration in the lecture room; loss of time in going to and from the hospital is saved; the student is always at hand when cases of accident are received, or operations in Surgery and Obstetrics suddenly called for; and there will be no encroachments of didactic and clinical instruction upon each other.

The aim of the Faculty of the College, with the co-operation of the Commissioners of Public Charities and Correction, is to make the immense hospital resources at their disposition, available to the fullest extent for purposes of instruction. In 1860, more than *eleven thousand patients* were received into Bellevue Hospital, and over *four hundred births* took place in this hospital during the year. The large hospital recently erected on Blackwell's Island, will also be open for medical instruction, and students will be conveyed to the Island by the hospital steamer without expense. It may be safely said that the vast field afforded by these Charities for the study of diseases at the bed-side, for witnessing every variety of operations in Surgery, together with the treatment of surgical affections, for the study of morbid anatomy, and the practice of obstetrics, is not surpassed elsewhere in this or any other country.

Ample provisions will be made for pursuing practical anatomy. Anatomical material will be supplied in abundance and with but little expense to the student.

Twenty-two resident Physicians and Surgeons are annually appointed on recommendation of the Medical Board of the Hospital, after an examination by this Board, and receive a salary sufficient for their support.

Fees for all the lectures during the preliminary and regular terms, $105. Tickets for any of the departments during the regular term may be taken out separately, the fees being proportionate to the number taken.

The fee for all the lectures during the preliminary term is $10. This sum will be deducted from the fees for the whole course ($105), if tickets to the latter be taken out.

Matriculation Fee	$ 5
Graduation Fee	30
Demonstrator's Ticket	5

Payment in all cases is required, and the tickets must be taken out at the beginning of the term.

The requisites for graduation are, twenty-one years of age; three years study with a regular and reputable practitioner (or practitioners), inclusive of the time of attendance at lectures; two full courses of lectures, the last in this College; proper testimonials of character; an acceptable thesis, and an examination by seven of the Professors in the several departments of instruction.

This College is endowed with all the powers and privileges belonging to any chartered Medical school in this State.

Circulars will be sent and further information given, on application to Professor Benjamin W. McCready, Secretary, No. 7 West Ninth street; or to Professor Isaac E. Taylor, President, No. 13 West Twentieth street.

Board and lodging can be obtained in New York for from $3 to $5 per week.

Students on arriving in the city are requested to report at once at the office of the College at Bellevue Hospital, situated on the East River, between Twenty-sixth and Twenty-eighth streets.

College of Physicians and Surgeons.

MEDICAL DEPARTMENT OF COLUMBIA COLLEGE.

Corner of Twenty-third Street and Fourth Avenue, New York.

Session of 1861-2.

EDWARD DELAFIELD, M.D., President, and Professor Emeritus of Obstetrics.
ALEXANDER H. STEVENS, M.D., LL.D., Professor Emeritus of Clinical Surgery.
JOHN TORREY, M.D., LL.D., Professor Emeritus of Chemistry and Botany.
JOSEPH MATHER SMITH, M.D., Professor of Materia Medica and Clinical Medicine.
ROBERT WATTS, M.D., Professor of Anatomy.
WILLARD PARKER, M.D., Professor of the Principles and Practice of Surgery and Surgical Anatomy.
CHANDLER R. GILMAN, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Medical Jurisprudence.
ALONZO CLARK, M.D., Professor of Pathology and Practical Medicine.
JOHN C. DALTON, Jr., M.D., Professor of Physiology and Microscopic Anatomy.
SAMUEL ST. JOHN, M.D., Professor of Chemistry.
THOS. M. MARKOE, M.D., Adjunct Professor of Surgery.
HENRY B. SANDS, M.D., Demonstrator of Anatomy.

The Preliminary Term for the Session of 1861-2, will commence on MONDAY, SEPTEMBER 23, and continue four weeks, until the opening of the Regular Term in October.

The Regular Term will commence on MONDAY, OCTOBER 21, and continue until the *second* Thursday of March, following.

Fees for a Full Course of Lectures, $105; Matriculation, $5; Graduation, $30.

JNO. C. DALTON, Jr., M.D., *Secretary of the Faculty.*

Geneva Medical College.—The Session

of 1861-62 will begin on Wednesday, the 2d day of October, 1861, and continue sixteen weeks.

Faculty.

JOHN TOWLER, M.D.,
Dean and Registrar.
JAMES HADLEY, M.D.,
Emeritus Prof. of Chemistry and Pharmacy.

JOHN TOWLER, M.D., Professor of Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Professor of Principles and Practice of Surgery.
GEORGE BURR, M.D., Professor of General and Special Anatomy.
CALEB GREEN, M.D., Professor of Physiology and Pathology.
HIRAM N. EASTMAN, M.D., Professor of the Practice of Medicine and Materia Medica.
JOSEPH BEATTIE, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.
LYMAN W. BLISS, M.D., Demonstrator of Anatomy.

Fees, Payable in Advance.—Matriculation, $3. Tickets for the whole Course, $50. Graduation, $20. Demonstrator's Ticket, $3. Anatomical Material, $5.

Further information may be obtained by addressing
J. TOWLEE, Dean of Faculty, Geneva, N. Y.

New York Medical College and Cha-

RITY HOSPITAL, No. 90 East Thirteenth Street, near Fourth Avenue. Fall Announcement Session 1861.

The Fall Course of Lectures in this institution will commence on Monday, September 16th, and continue until the middle of October, when the regular term will begin. The Course will be *gratis* to students who intend taking a full winter course in this College, and will be as follows:

On Amputations, by.....Prof. Carnochan.
" Gunshot Wounds.....Prof. Raphael.
" The Anatomy of the female pelvis and fœtal head...Prof. C. A. Budd.
" Infantile Fevers.....Prof. Jacobi.
" The diagnosis of Uterine Diseases.....Prof. Noeggerath.
" The use of the Ophthalmoscope.....Prof. Holcomb.

Clinical instruction forms a prominent feature in this school, and is conducted as follows:

Mondays—Surgical.....Prof. Raphael.
Tuesdays—Diseases of Children.....Prof. Jacobi.
Wednesdays—Diseases of Women.....Profs. Noeggerath and C. A. Budd.
Thursdays—Surgical.....Prof. Carnochan.
Fridays—Diseases of Children.....Prof. Jacobi.
Saturdays—Medical.....Prof. C. A. Budd.

Due notice will be given of the Commencement of the Winter Course. For further information, apply to

PROF. B. I. RAPHAEL, *Acting Dean,*
No. 124 Ninth Street, or at the College.

Original Lectures.

COURSE OF LECTURES
ON
DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE
NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.
SESSION 1860-61.

By A. JACOBI, M.D.,
PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VIII. PART I.

Anatomy and Physiology of Mucous Membrane in General.—Nature of its Secretion.—General Pathology of Mucous Membrane.—General Etiology.—Primary and Secondary Nature of Diseases.—External Injuries.—Cold.—Atmospheric and Epidemic Influences.—Constitutional Poisons.—Contiguity and Sympathy.—Different Forms and Symptoms.

I HAVE several times alluded to certain qualities and actions of the mucous membranes in general. But you will better understand many of the foregoing remarks, after following me in the investigation of several anatomical and physiological facts, concerning both the structure and function of the mucous membranes. And certainly, they are deserving of every attention that can be bestowed upon them, not only on account of the large surface they cover, but also in consequence of their physiological and pathological importance. As the cutis forms the external integument of the body, so does the mucous membrane form the internal covering of any and all the organs. Thus, we find them all over the respiratory, digestive, uropoietic, and sexual organs, and in all those isolated cavities, like the maxillary and frontal ones, which are connected with the larger ones by narrow ducts; further in the glands, the affections of which are either genuine and primary, or continuations only of a morbid process on a mucous membrane, and their ducts; the conjunctivæ, the external ear, and the galactiferous ducts of the female breast.

The mucous membrane of an organ or a system is not confined to certain limits. Except on the lips, on the external ear, and other localities where we distinctly perceive the gradual replacement of epidermis and cutis by mucous membrane, we are nowhere enabled to determine where the mucous membrane of this organ or system finds its end, and that of the other commences. Thus, there is no boundary between the mucous membranes of the digestive and the respiratory organs, nor any between that of the stomach and the duodenum. Their internal structure is alike, and therefore I deem it more proper henceforth to speak rather of mucous membrane, than of mucous membranes. Its uniform layer consists of dense connective tissue, intermixed with bloodvessels and elastic fibres, in its deeper laminæ with muscular fibres also, and is covered with several layers of epithelial scales, which are readily thrown off and renewed; they may, however, be accumulated in yellowish, brownish, or black masses. Beside the bloodvessels there are lymphatic vessels, and the smallest ramifications of nerves, which are particularly found in the papillary prominences. They are either the last ends of a cerebral or spinal, or of the sympathetic nerve; the peculiar actions of these several nerves determining the functions of the locality in which they spread. The mucous membrane, influenced by the cerebro-spinal system, is more sensitive, as a general rule, than such localities in which the power of the sympathetic prevails. Thus pain depends on the seat of the affection just as well as on its acuteness; the degrees of temperature are discerned by the pharynx, but not by the stomach or intestine; urine produces no pain whatever on the mucous membrane of the urinary bladder and urethra, but very much so on that of the conjunctivæ; and often irritations meeting a mucous membrane effect no pain nor other local disturbances, but sympathetic sensations, like coughing or sneezing.

The functions of the mucous membrane are both various and important. It takes a prominent part in assimilation and sanguification, and therefore suffers in all general, and all those local diseases that in any way influence the general condition of the organism. They are frequently first affected in a large number of diseases, many of which are primary; for the immense extension of mucous membrane, increased by indentations, villi, glands and glandular ducts, and papillæ, is such that morbid processes may easily take place in one part or another. The influence of the diseased mucous membrane is, moreover, as great as its affections are frequent; the vital importance of the membrane itself, the legions of nerve ramifications in its tissue, and the contiguity and rapidly developed consecutive affections of the mucous membrane contributing to the same result. The occurrence of œdema of the glottis in catarrh of the pharynx or larynx, or of collateral œdema of the vocal cords in diphtheritic inflammation of the larynx, are distinct and much dreaded proofs of this fact.

In its normal condition the mucous membrane exhibits a peculiar tough, whitish or clear, more or less transparent, alkaline secretion, called mucus. It contains mostly epithelial scales, more or less transformed, of every variety; pavement, cylindrical, and vibrating, the latter without its cilia; further, round granulated cells with one or more nuclei, and a clear transparent liquid. Epithelium, mucus, and pus, are found combined in many instances of secretion on the mucous membrane, the three various forms being, in this locality, but three different stages of the transforming epithelium. Under favorable circumstances, the mucous membrane forms puriform elements anywhere, but there is some difference in the process. The purulent mucus of the intestine contains very seldom puriform elements, that is, pus cells, except in cases of genuine ulceration; the same result is found on examinations of the purulent mucus of the uterus and tubes. But no ulceration is required in the mucous membrane of the bladder or urethra to count immense numbers of pus cells in the puriform secretion of chronic vesicular catarrh and gonorrhœa. This difference depends on anatomical reasons. The intestine, uterus, and fallopian tubes, have cylindrical epithelium only, bladder and urethra, however, pavement epithelium. The mucous membrane will develop the more pus cells without the presence of real ulceration in proportion to the amount of pavement epithelium by which it is covered. Purulent though the secretion of other parts of the mucous membrane will look, it contains frequently nothing but cylindrical epithelium. The angular shape of the pavement epithelium enables it to form a cohering covering, which is not thrown off so easily as the round pus or mucous cells; thus the lower layers have full time to develop into mucous cells; which result being obtained, the whole mass is thrown off by either the pressure of the subjacent new layers, or the influence of a thin and less cohesive transudation from the blood-vessels, which, in its turn, forms another important element of the secretion. Whether it has a more important part than to be one of its elements, whether, for instance, from its substance cells may be developed, or whether the cells are under all circumstances but the later stages in the development of epithelial scales, is still an open question. This is certain, that what is called mucus is by no means always the same liquid, no more so than that the secretion of the external skin is alike on every locality of its surface. Its reaction is acid in the stomach, alkaline in the mouth and intestinal canal; a mucous substance is secreted from the parenchymatous substance of some organs, without the presence of cells; there are pathological liquids, as colloid, very similar to mucus; there is the substance called after the name of Wharton, in the umbilical cord of the fœtus and newly born, the cellular development of which cannot be traced;

and nevertheless this "gelatinous connective tissue" is transformed into mucus. Thus from an anatomical point of view the secretion of the mucous membrane is not a uniform substance; neither is it uniform as to chemical composition. I have stated that its reaction differs according to localities. It frequently contains albumen, some little fatty substance, extractive matters, and some mineral elements, as chlorides of alkalines and phosphates of earths. These mineral elements belong to the mucine, which is a nitrogenous, albuminous substance, swelling in water, but not dissolved by it, and to which the mucus owes its tough nature. Its chemical reaction differs according to its percentage of minerals, combination with other poisonous substances, or its own peculiar modifications. This difference is easily explained by the fact, that it is not preformed in the blood and thrown on the surface, but is a production of the mucous membrane itself. Thus its constitution depends on the amount of follicles, epithelial scales, papillæ, and on the character of the epithelium; no matter whether it is formed directly from the epithelium undergoing its final changes, or from transudation through the walls of the capillary vessels.

In regard to the diseases of the mucous membrane I have already stated both their frequency of occurrence and their proclivities for complication. Their tendency to sickness is, however, not uniform; individuality and age belonging to those influences which are most apt to modify the alterations taking place in their tissue or secretion. Affections of the mucous membrane are very rare in fœtal life, because of the absence of both mechanical injuries and functional disorders. In infantile age the mucous membrane reaches its greatest importance, new influences acting upon it and calling into life new functions, especially the normal state of injection, which is very considerable indeed. A very common alteration taking place in the mucous membrane is mollification; plastic exudation, hemorrhage, suppuration, and ulceration, being very rare in the first year of life. After this time exudative processes are more numerous, especially fibrinous exudations are not unfrequent. This pre-disposition of early age to contract diseases of the mucous membrane, is afterwards decreasing, is not very common in advanced age, until in senile age it is rather increasing.

A number of diseases of the mucous membrane in early age are of a primary nature, and many of them result from direct local injuries. It is a singular fact, however, that thorough and deep local injuries, cuts and wounds of any kind of the mucous membrane, dangerous though they look, are attended with very little danger in the majority of cases; they will generally heal readily and lose nothing of their merely local character. Thus foreign bodies entering the substance, combustion destroying the structure of the mucous membrane, although sometimes among the causes of a disease, will not so frequently give rise to a severe affection, as a less serious injury often repeated. Animal or vegetable parasites, and indigestible food, will therefore, as their influence extends over a longer period, although their sudden insult is often but inconsiderable, be among the most frequent diseases of the mucous membrane of the digestive organs. Another very important and frequent cause of diseases of the mucous membrane is refrigeration. We are entitled to state this as a fact, although we do not know whether cold acts by the suppression of cutaneous secretion alone, or by some influence on the peripheric cutaneous nerves and reflex action alone; or by both. It is however a fact that especially the mucous membrane of both the respiratory and digestive organs is very subject to the influence of cold, together with the other causes of disease depending on the general condition of the atmosphere, and the changes and general influences of season, of epidemics and endemics.

These latter are of great importance in the etiology of the affections of the mucous membrane in early age; for we know that not only malarious influences and animal effluvia will readily act on the impressible infantile organism, but the constitutional and contagious poisons are mostly observed to produce their peculiar forms of disease in infantile age. Thus children are the majority of patients suffering from eruptive fevers; scarlatina, measles, and diphtheria, mostly attacking the infantile organism. And here it is important to state, that a peculiar part of the mucous membrane has always a tendency to be affected by a peculiar constitutional poison, both in early and advanced age. Thus diphtheria, scarlatina, syphilis, and mercurialism show a predilection for the mucous membrane of the mouth and pharynx, typhus for the ileum, dysentery for the colon, measles and iodism for conjunctivæ and nose. All such affections, although common to every age, are mostly found in the infantile period, the modes of propagation and transmission being eminently distinct at this period of life.

I have frequently alluded to many cases of secondary affections of the mucous membrane; they are the usual results of either local propagation in the continuity of tissue, or of sympathetic spreading. We know from general pathology that there is a direct connexion between cutis and mucous membrane, scalp and nose, mamma and uterus, urethra and testicles, and stomach and brain; we need not be astonished then, that there is a contemporaneous affection sometimes of the mucous membrane of the nose and the lungs, the larynx and trachea being free from disease; or of the stomach and colon, the small intestines being not at all affected. And the spreading of affections of the mucous membrane on continuous tissue is so very general, that lobular pneumonia, for instance, is in all cases recognised as the termination of a catarrh of the bronchi; and a protracted catarrh of the colon with ulceration of the follicles is known to be a usual consequence of catarrh of the small intestines. Nor is the topical propagation of affections of the cutis over the adjoining mucous membrane an exception, but the rule. The transmission of diphtheritic and other processes of the external integuments of the lips, anus, and pudenda majora, on the mouth, rectum, and vagina, are frequently observed.

Thus it appears that nothing is more natural than a universal or wide-spreading hyperæmia, changes in both quantity and quality of secretions, rupture of blood-vessels, and even neoplasms. The alterations observed in the secretions are frequently more important in relation to post-mortem epicrises, than the anatomical change of the tissue itself; for you have learned already, from a previous lecture, that not unfrequently no anatomical trace is detected in patients who have died from, or with, hyperæmia of the brain, pharynx, intestines, or cutis. The abnormal secretions are therefore as important elements in regard to the results of post-mortem examination, as they again are ready causes of renewed attacks, from the local irritation depending on their presence on the membrane. The prognosis, therefore, depends greatly on their nature and amount, and frequently as much on them as on the structure of the membrane, its epithelium, follicles, or papillæ. To a great extent they also influence the symptoms, amongst which functional disorders and anomalous secretions are always prominent. Pain is sometimes observed, but it is frequently indistinct and obscure. Of more importance than the latter, however, are some indirect symptoms, of which reflected motions, and even muscular paralysis, are frequently met with. Thus, sneezing, coughing, vomiting, and tenesmus are brought on. Disorders in neighboring or distant parts are effected by the suppression of secretion and injection of the tissues; topical spreading on the subjacent submucous tissue, as in œdema of the glottis, and retro-pharyngeal abscess; and participation of the whole system.

After these general remarks you are enabled to trace a direct connexion between even the slightest causes and severe affections. I have taken particular pains, in former lectures, to present for your inspection a number of affections which, severe though they be, owe their origin frequently to a comparatively insignificant cause. The greatest stress has been laid by me, further, on the large number

of slight or important causes giving rise to affections of the mucous membrane. That in some cases an abnormal process of dentition will prove a source of evil, I do not deny; but from many previous remarks, and from comparison with other causes of diseases, you have arrived at the conclusion that the vast majority of diseases of the mucous membrane allow of another explanation than the blind assumption of the culpability of a physiological process. The great progress of pathological anatomy and differential diagnosis ought not to be lost on us. The period, where the diseases of small children consisted in dentition, of advanced ones in worms and scrofula, of adults in rheumatism, scrofula, and syphilis, is past. With sound principles in pathology, and a correct knowledge of pathological anatomy and differential diagnosis, all the different and numerous affections of the mucous membrane: simple injection, with or without extravasation; acute hyperæmia, with increase and alteration of the secretion, and follicular swellings; acute serous or bloody exudations, with more or less severe symptoms; pseudo-membranous deposits of epidemic, syphilitic, or mercurial character; purulent discharges; ichorous decomposition; chronic alteration of both vascularization and secretion; hemorrhage; œdema; hypertrophy and whatever changes we have learned to take place in the mucous membrane of all the organs that have been submitted to your attention in previous lectures—will no longer present to you the difficulties of bygone times, nor urge upon you the necessity of resorting to an obscure, generally erroneous and improbable, and almost always unproven explanation.

Original Communications.

PAPERS ON

MINERAL WATERS AND THEIR USES.

EMBODYING THE TWO DISCOURSES PRONOUNCED BEFORE THE NEW YORK COUNTY MEDICAL SOCIETY.

By HANBURY SMITH, M.D.,

OF NEW YORK.

No. VII.

Disorders of the Apparatus of Digestion.

Commencing with the liver, as the grand controller of the rest, and a sort of physiological centre, we may say axiomatically, that in all the curable derangements of circulation and secretion, of which that organ is the seat, mineral waters are not only eminently serviceable, but very often afford the only chance of relief. The kinds to choose from, are always the glauber salt, the common salt, the strong alkaline, and the sulphurous.

We will first consider what the French call *engorgement*, by which I understand *hyperæmia* without organic change of the parenchyma. Every organ has its own pathological proclivity, or tendency to a special form of disorder. Thus, the liver and spleen are singularly liable to simple congestion, often with very considerable increase of volume, not often preceded by any observable acute disease of truly inflammatory character, though sometimes a sequela of the like. In most cases, chronic in its inception, the march of engorgement is singularly chronic, and after persisting, to a great extent, for years, it may be dissipated, nor leave a trace behind. Some of the most marked cases occur from exposure to paludal poisoning, not necessarily, though for the most part accompanied by febrile paroxysms. Some are obscurely connected with attacks of bilious colic, some are a consequence of gastric and duodenal irritation, a result of prolonged dyspeptic derangement; some, so far as we can discover, absolutely idiopathic; some are necessarily consequent on disease of the heart or lungs, mechanically impeding the circulation in the liver. Here the thermal waters of Carlsbad and Vichy, and the cold of Kissingen, are particularly indicated. Of the resolving powers of the two former, it is difficult to fix the bounds. Under their proper employment, the oldest and most voluminous engorgements may entirely disappear. Even when resulting from disease of the heart, though contra-indicated by the general rule, their cautious use is of great service, causing a freer secretion of bile of improved quality, and having a similar effect on the secretions of the stomach, pancreas, and bowels, thereby directly relieving the portal congestion, and indirectly the general circulation.

In *gall stone colic*, mineral waters afford us the only known means of relief worth resorting to. Only by their use can the peculiar biliary diathesis in which these formations occur be favorably modified, and this is the object to which we should address our endeavors. To do this, we must reduce hyperæmia of the secreting organ, restore a free secretion of normal bile, a free secretion from the mucous membrane of the gall bladder and common duct, and increase the functional activity of the intestinal canal. The alkaline and glauber salt waters fulfil these intentions to perfection, notably Carlsbad and Vichy; at the same time by lowering abnormal sensibility and allaying spasm, they prepare the way for the painless dilatation of the duct, and the expulsion of the calculi.

A near connexion of my own, accustomed from his eighteenth year to consume, on an average, a pound of confectionery per day, became afflicted with such an accumulation of gall stones, that by relaxing the abdominal walls, they could be very distinctly felt forming an irregular tumor of the size of the closed fist, in the situation of the gall bladder. The engorgement of the liver became so great, that its lower border reached two inches and a half beyond the navel, measuring towards the left groin, and four inches below the edge of the ribs, measuring directly downwards. Violent attacks occurred at shortening intervals; at length so frequently, that the jaundice attendant on the one attack had not time to subside before the next occurred, so that at last his color became of a dark dirty green. In the spring of 1841, I sent him to Carlsbad. He nearly died of an attack in London, on his road to the springs; was pronounced moribund by three of the ablest physicians of that city. However, he contrived to reach his journey's end, and after a few days' use of the water, passed an incredible number of gall stones; the tumefied liver shrank to its normal dimensions, and he returned home a new man. He remained without any relapse until the second spring, when the threatening symptoms induced him to return for a short season to Carlsbad. Perfect relief was again obtained, though no more calculi were observed to pass. The next year he spent ten days at the spring by way of clenching the nail, and he continued free of colic until his death in the fall of 1847. This event was preceded by a new series of symptoms, pointing to deep-seated disorganizing disease of the liver, permanent jaundice, dyspepsia, then perfect anorexia, ascites, great prostration. The liver was found cirrhotic and studded with deposits of cholesterin, many of the size of a nut, the gall-bladder empty, and the duct enormously dilated.

I have treated several cases of varying degrees of severity with Carlsbad water, and have never been disappointed in my expectations of affording great, often permanent relief. In a case now under observation in this city, half a pint of Kissingen was prescribed by a colleague to be taken in the morning, and cold Vichy very freely during the day, often as much as six half pints, the patient being guided entirely by his own feelings and experience. In this way he has not only warded off very many threatened attacks, but recovered fine health while gradually leaving off the remedy.

When it is desirable for a patient to go through a severe course of thermal waters, which cannot advisably be attempted in winter, or at the more stormy and changeable seasons of the year, a period as remote as convenient from the expected return, should be chosen for commencing the treatment, for this has always a tendency to reproduce a

paroxysm. It is, however, well known that concretions are much more apt to pass after a return so induced, than at any other time. The course should always be reiterated the following summer, or even several seasons in succession, especially with the view of modifying the diathesis; and if the stronger waters are not well tolerated, there is a large choice of milder, as Ems-hot, Marienbad-Kreuz, and Eger-Franzensbad-cold.

Fatty liver, whether accompanying a state of general obesity, or a result of chronic alcoholism, marsh poisoning, or fevers, is susceptible of cure by the same means, provided there is no tumefaction of the spleen, nor dropsical effusion. So is *cirrhosis hepatis* in its earlier stages, although ascites may have made its appearance; in more advanced, mineral waters can only be used with great caution and in small doses, being in large positively injurious.

It will be advisable at this point, to take up the consideration of the disorders of the apparatus of digestion proper. The word *dyspepsia*, we will take to apply to all functional disturbances of this apparatus not attended with known organic lesion, as defective or disordered secretion, and defective or disordered peristaltic action. These again may be due to faulty hygienic influences—such as unsuitable food, irregular periods for eating, sedentary habits—or to derangement of innervation—say of emotional origin—or to some disturbance in the circulation or composition of the blood. It will be seen that most of the primitive forms occasioned by the two first classes of causes, curable by hygienic influences alone, with at most a trifle of medicine, demand but little of our attention; the mere journey, change of air, scene, and diet, are of more importance than the waters of any spring that might be prescribed. In those occasioned by the third, these hygienic influences may be agreeable and sometimes valuable adjuvants, but the appropriate mineral water will cure without them, and often where nothing else will. In the former, all the slightly mineralized waters, rich in free carbonic acid, especially if ferruginous, are elegant and useful prescriptions; the mild alkaline, as Geilnau and Fackingen, weak common salt, as Seltzer, pure chalybeate, as Spa, will prove grateful to the patient and satisfactory to the physician. They may be taken in moderate doses before breakfast, as a beverage at dinner, with the admixture of some alcoholic stimulant, if advisable, and whenever the patient feels an instinctive desire for a draught. The use of all other fluids simultaneously, should be eschewed, or reduced to a minimum. In dyspepsias, connected with a depraved condition of the blood, the waters suited to the removal of the particular dyscrasia, rheumatic or gouty, scrofulous, pseudo-syphilitic, etc., are indicated, according to the principles already laid down in these pages.

Here I may best mention the singularly soothing and sedative powers of some waters in the irritable forms of dyspepsia. All slightly mineralized waters containing lime salts, are remarkable in this respect, but the Kreuzbrunn of Marienbad, a glauber-salt water, exceeds all others in this valuable characteristic. I have abundant experience of my own to offer, but prefer to condense a case from Dr. Jas. Johnson's work on the Spas of Europe. A young lady came to Marienbad who had had hemoptysis, and was laboring under sympathetic hectic fever. The stomach would retain no food—constipation was obstinate—nocturnal perspirations were profuse. After eight days' use of the Kreuzbrunn the fever ceased, in four weeks more the stomach became retentive. She returned, however, to Marienbad next summer, with a relapse of the vomiting; eight days' use of the water now sufficed to dispel this, and she recovered her health.

All those functional disorders of the stomach and bowels depending on disturbance of the circulation of the blood in these organs, form parts of a great circle of morbid action which, to be understood, must be treated as a whole. Beautifully simple in plan, though multitudinous in relations, a clear comprehension of the circulation in the abdominal viscera, and a remembrance of the two doors by which the portal system communicates with the general—the vena cava above, and the inosculation of the hæmorrhoidal veins with the internal iliac below—will afford us means to unlock the mystery of many an obscure disorder. Here we have all the blood returning from the stomach, bowels, pancreas, spleen, entering the liver by the vena porta, there to be again distributed in its substance through a vast network of capillaries, affording to the proper apparatus the materials for the secretion of bile. Now, if there be any hindrance to the regular and free flow of this portal-blood, sometimes due to defective innervation from emotional causes, as anxiety or anger, or from excessive mental labor; sometimes to the existence of some impediment ahead of the stream, as in heart or lungs; sometimes, perhaps, to a change in the quality of the blood itself; and sometimes to a suspension of the biliary secretion from altogether obscure causes, the effects of the obstructed flow will not necessarily be confined to the liver, but may, perhaps I may say, must, be felt in other parts of that immense system of minor canals emptying into the great one. To use a familiar expression: the main channel being blocked, there will be back water up the creeks. The schoolboy overtaxes his brain, and taking alternately too little, and excessive exercise, the secretion of bile is impaired, there is obstructed return of blood from the intestinal canal, thence enfeebled peristaltic movements and diminished intestinal secretions—consequence, notorious constipation. When, with greater advance of physical development and entrance on the active duties of life, the emotions gain strength, and the general sensibility is largely increased, the functional activity of the stomach and duodenum is at its acme, hygienic rules, of diet especially, are slighted, and primary dyspepsia is the consequence; debility, loss of tone, follows excitement. Later in life, all these circumstances change, occasional debauches give place to the regular habit of eating too much highly seasoned and succulent food in proportion to the diminished call for nourishment, which, together with the persistent use of coffee and alcoholic drinks, especially those brewed from malt, and far oftener than is imagined a regular system of sexual excess, induce either a merely retarded flow of blood through the vessels of the lower portion of the intestinal canal, or a general overfilled condition of the whole portal system, often involving other viscera outside of it, the *abdominal plethora* of the Germans. An attack of piles in some, forms the natural consequence of this state of things, *and the natural relief*. Either a moderate loss of blood from the hæmorrhoidal veins directly eases the system, or the attack compels an abstinence and a medication which do the same thing indirectly.

We are now prepared to understand how and why it is that the dyspeptic of earlier years becomes the subject of piles in later, that hæmorrhoidal attacks relieve dyspeptic symptoms, that the too active treatment of the latter brings on piles; in a word, that dyspepsia and piles are often convertible diseases.

Caused by simple irregularities in the muscular contractions, necessary to the due performance of the functions of the intestinal canal, true *colics* ought, in scientific strictness, to be considered as truly varieties of dyspepsia. In a vast majority of cases, they are certainly dependent on the prior existence of disturbance in the portal circulation, for of course muscular fibre cannot maintain its normal tonic contractility, unless duly and regularly supplied with blood of a proper quality. Derange the supply, and it is liable at any moment to over-extension, on which may follow spasmodic contraction. Rectal colic is absolutely pathognomonic of portal obstruction, and as it never exists without it, can only be cured by treatment directed to remove it. Strange that a disorder so very painful and so common, should not even be mentioned by any author I am acquainted with, except Marshall Hall, who recommends a treatment eminently calculated to exasperate and to perpetuate the disease.

The tendency to these disorders of the portal circulation

is hereditary, there is a hæmorrhoidal constitution naturally developing into the *hæmorrhoidal diathesis*. The latter is oftener met with in Northern and Continental Europe, than with us, or in England, and the most cases I have seen in this country, have been in the persons of Germans or in those of German extraction; though by far the worst case of *induced piles* I was ever called on to treat, was in the person of an American lady, a native of this State I believe, then in the North of Europe, who, for a long series of years, had been in the habit of taking calomel freely whenever suffering with dyspepsia; an attack of piles was forthwith brought on, and the dyspepsia ceased. Under a more rational medicinal and a proper dietetic treatment, she had no more trouble from either, during the four years she remained under my charge.

When the hæmorrhoidal diathesis is fully established, the tendency to congestion in some portion of the portal circle becomes more and more marked, and the element of periodicity is often superadded. Thus, in some apparently robust men, there will be a discharge of blood from the hæmorrhoidal veins, with as much regularity as characterizes the menstrual flow in women, and affecting the same monthly periods; and should this periodic flow be suppressed, the danger of congestion in some important organ, as brain or lungs, will be as imminent as in cases of suppression of the catamenia.

The *hæmorrhoidal diathesis*, most commonly occurring in persons of a bilious temperament, though sometimes in those of a lymphatic, renders them so liable to certain disorders, that I am almost inclined to believe there is a true pathological connexion between them. Thus lumbago and sciatica almost never occur except in the hæmorrhoidal diathesis, and are far more easy of present relief and future prophylaxis if treated on this hypothesis. In this diathesis too, affections of the urinary and genital organs are exceedingly common, and sometimes very difficult of relief. Many is the case of so-called chronic cystitis I have seen, which was simply a hæmorrhoidal congestion, that is, congestion of the submucous tissue of the bladder, or of the venous plexus about its neck, occurring in the hæmorrhoidal diathesis. It is by no means always easy to diagnose in such circumstances, but if the cystic irritation has continued long without the presence of muco-purulent discharge in the urine, if the symptoms vary very much and very quickly in intensity, if they disappear during the persistence of a spontaneous diarrhœa, returning on its subsidence, if the patient exhibit neither marked emaciation nor cachectic appearance, I should at once suspect that the case was hæmorrhoidal, and direct my investigations to the elucidation of that point. If such turn out to be the fact, we may be very sure that the usual treatment will prove abortive; we *must* attack the diathesis to be successful, at the same time that local measures may be very important and indeed necessary to the happy result.

A long series of obscure and anomalous affections in the urinary and genital organs of the male sex, especially after the age of fifty, have their origin in the same diathesis; and when so understood are often susceptible of easy cure, always of considerable amelioration, by measures taken against the original vice of portal circulation, or for the relief of general abdominal plethora, and of local hæmorrhoidal congestion.

EXPERIENCES OF CAMP LIFE.

By C. F. W. HAASE, M.D.,

SURGEON OF THE FIFTH REGIMENT OF N.Y.S.M.

In offering the following remarks to the medical profession, I am urged to do so by the practical experience which I have been enabled to obtain, by a personal acquaintance of some of the causes, the consequent results, and increase of diseases incidental to the camp life of volunteer soldiery.

The Fifth Regiment N.Y.S.M., Col. Schwarzwälder, with whom I held the position of surgeon, was composed of Germans, with but few exceptions. Notwithstanding the hard duties which the men were called upon to perform; the exposure to weather of all kinds (without tents for nearly seven weeks); diet to which they were unaccustomed; and the strict regularity of discipline necessary to control so large a body of men, I hope I may be excused in indulging in some little professional vanity in the fact of having seen every man of the regiment return, in about as good—if not better—condition than when he left the city.

The Government has been much blamed, and in many cases with good reason, for the bad provisions and quarters furnished to the volunteers. But we must not forget, however, that much of the fault may be traced directly to the inexperience—and sometimes villany—of the Quartermasters and Commissaries, elected by the complainants themselves. And it must also be borne in mind that the United States Government has never yet been called upon to maintain and support so large a force in the field, and is now required, in consequence of this unforeseen event, to exercise duties to which it has hitherto happily been a stranger. Thanks, however, to the noble labors of the Sanitary Commission, great improvements have already been effected. But, still, much remains yet to be done, and it is to them, and the medical profession at large, that the poor soldier must look for such material improvements as will prevent —I should almost rather say, arrest—the causes which are already at work to undermine the health of our army.

Let them commence with, and look closely after, the purveyors of the army, who are now (with perhaps few exceptions) composed of a heartless set of political sharpers, devoid of principle and patriotism, and only desirous to fill their pockets at the expense of their country, and the noble soldiers who sacrifice their hearts' blood to defend a holy cause. In our encampment at Meridian Hill, I was compelled to condemn the salt pork no less than three different times; once it had so poisonous an effect, that nearly a whole company was taken, after dinner, with severe vomiting and prostration. In consequence of this, much of the salt pork, as now furnished by the Government contractors, is a dead loss, for the men will rather abandon it entirely than get sick, as they know they will, by using it. As a natural result, it could be seen thrown around in all directions, thus adding another infecting effluvial agent to the camp. Would it not, therefore, be much better to substitute for it altogether, smoked bacon, as the most convenient article on the march, and decidedly more nourishing and digestible? The coffee furnished, also, was frequently mouldy and of very inferior quality, and in many cases almost entirely unfit to use. The very naive and somewhat ludicrous remark of Dr. Satterlee that, "beans kill more soldiers than bullets," is, I have no doubt, but too true. Whenever this article was served to the men, I was always prepared to have a large number of patients suffering from colic, diarrhœa, and vomiting. This was on the increase with the length of our services, showing distinctly the gradual failure of the digestive organs. This state of things, however, changed almost on the instant from the time (July 19th), when the regiment was furnished with desiccated vegetables. Of the ninety-eight cases of diarrhœa which occurred in that month, all but twelve cases were treated before the 21st. Does anybody desire a better argument than that? Still, I do not deny that the climate—we were then in camp on Bolivar Hill, near Harper's Ferry—and good water contributed largely to this remarkable change. Should, however, dried beans still be adhered to, the most harmless way in which they could be made use of, would be to have them boiled and mashed, into the form of soup.

A field bakery attached to each brigade, I think would be a great improvement, without increase of expense if managed properly. The army could be supplied in this way with good bread, instead of the hard biscuit which frequently defies the best teeth, and is fit only to be served on the march, and even then only in cases of necessity. The white bread furnished to the army is certainly very good, but in my opinion not of the quality best suited for

the soldier: besides, it cannot be kept long enough without getting dry and consequently unpalatable. Why not rather supply the army with rye bread, which, in this country, is generally known as brown or German bread? This kind has many advantages over the other; it can be kept for a considerable time without getting spoiled and dry; is more palatable than white bread; more nourishing, and much cheaper, and would be an immense saving with so large an army as we now have in the field. Col. Blenker, when encamped near Washington, I believe established a field bakery, and by drawing from the Commissariat wheat flour, and exchanging it for rye, he was enabled to supply his regiment continually with good wholesome bread, and pay by the exchange all the expenses. On inquiry, I learn that wheat flour (196 pounds to the barrel), is worth from $5 to $8, and rye flour, best quality, $4.25 to $4.50. Now a barrel of either will give, with the gain in the process of fermenting and baking, say, about 4,400 ounces of bread, and by a rough calculation, the difference in figures of the cost will stand thus—

Rye Bread, of the best quality, 10½ ounces, *for one cent.*
Wheat Bread, " " 5½ ounces, *for one cent.*
Wheat Bread, inferior quality, 9 ounces, *for one cent.*
Hard Bread, at contract prices, 16 ounces, *for 3½ cents.*

I have drawn this merely to point out the relative cost: at contract prices, the flour, of course, will not come as high.

Let, however, the keen eye of improvement, above all be directed to a better management of the culinary department. No change will avail much unless this is attended to. We must not forget that the art of cooking is a profession, and as such should be regularly learned. It is foolish to expect that a soldier, who never before in his life stirred a fire, or handled a soup ladle, should all at once understand the mysteries of cooking even so plain a dinner as pork and beans. Yet it is actually the case that such men are taken from their respective companies to practise this art, no matter whether they understand it or not. They are subject to no control, and therefore do as they please; and most generally cleanliness is with them a matter of secondary consideration. I have frequently endeavored to impress upon the minds of our cooks the importance of attending to this, but not having the authority in the matter which every Regimental Surgeon should have, I found my suggestions unheeded. The food was either so greasy that the stomach revolted against it, or tasted so smoky and so much of the kettles that the tongue could not recover its sense of taste for a considerable time afterwards. In expressing the opinion that with proper cooks, more than one half of the diseases incidental to camp life might be prevented, I feel convinced that I do not say too much. It was Soyer who saved thousands of soldiers in the Crimea: then let us remember the lesson he taught us while it is yet time. I would therefore advise the appointment, to each regiment, of a good professional cook, whose duty it should be to direct the entire culinary department, enforce proper cleanliness, etc. The kitchens of the various companies should be placed together, near the camp, and not, as is now usual, scattered all over it. In fact, doing away entirely with company kitchens would save considerable expense. Ten men could easily cook for a regiment of a thousand men, while the present method requires at least double that number. This saving alone would add to an army of 50,000 men 500 fighting men—almost a regiment.

A few words about "Temperance of the Army," as the subject has been much discussed of late, and has given rise to a considerable controversy. I do not believe in the total abolition of spirituous liquors among the soldiers. I think that there are times when ardent spirits are absolutely necessary, and should be furnished to the men. But the liquor should be of good quality, and not like that furnished to us in Washington, which was utterly unfit to drink; it was the vilest stuff under heaven; the meanest grog-shop or grocery keeper in New York would blush to sell it. Whenever the Regimental Surgeon should deem it necessary to issue a whiskey ration it should be done; however, the quality should be good and the quantity small. Of malt liquors, I think Philadelphia Porter would be the best. Lager Bier in the field, and in the climate our troops are stationed in, agrees badly; it invariably produces diarrhœa.

In bringing this to an end, I cannot pass over the inefficiencies which exist in respect to the ambulances and their management. To take the ambulance corps from out the ranks is bad—but to allow men to step out of the ranks to take care of a wounded comrade, is still worse. Each brigade should have what in European armies is called the Sanitary Company, whose duty should consist in taking care of the litters, to carry the wounded from the field of battle to the surgeon's depot, and carry out such rules and laws as the Brigade Surgeon shall think proper. They should be taught to apply a bandage, and put on a tourniquet in case of need. It was, I think, the celebrated Stromeyer, who invented, during the war in Schleswig-Holstein, an excellent plan to enable him to attend to the more severely wounded first. A certain number of men of the Sanitary Company, provided with red and white flags, followed in the rear of the line of battle; when a soldier fell severely wounded they stuck a red flag in the ground near him: if but slightly wounded, and unable to make his way to the surgeon's depot, a white flag was made use of. By this guidance, the litter bearers had no difficulty to take those first who needed surgical aid most. By this contrivance it is said a great many lives were saved, and it met with general approbation. It was this surgeon also who ordered each man to put a bandage on top of his knapsack before going into action, so that this needful article, of which the surgeon cannot possibly carry a sufficient quantity with him, was always sure to be on hand.

In conclusion, I would call attention to the following extracts from my official report to the Surgeon-General, of my practice during the three months our regiment was on duty, being the basis on which the foregoing remarks have been predicated.

	May.	June.	July.	Total.
Fevers, Intermittent	2	2	13	17
Erysipelas	—	1	—	1
Urticaria	—	1	—	1
Eczema	1	1	—	2
Eczema Impetiginodes	—	2	—	2
Herpes	1	—	—	1
Colic	50	10	14	74
Diarrhœa, Acute	15	69	98	182
Dysentery, Acute	—	5	14	19
Dyspepsia	1	14	21	36
Hepatic Congestion	1	—	1	2
Tonsillitis	8	2	3	13
Asthma	2	—	—	2
Bronchitis, Acute	2	6	2	10
Catarrhus	—	5	15	20
Phthisis Pulmonalis	4	2	3	9
Pleuritis	1	—	—	1
Pleurodynia	—	2	2	4
Influenza	—	—	7	7
Varicocele	—	1	—	1
Varicose Veins	—	2	—	2
Ulcer, Varicose	1	—	2	3
Cephalalgia	—	1	—	1
Epilepsia	1	—	—	1
Ictus Solis	1	—	5	6
Mania Temporar	—	2	—	2
Bubo, Sympathetic	—	1	—	1
Debilitas	5	9	15	29
Hæmorrhoides	5	2	7	14
Prolapsus Ani	1	—	—	1
Enuresis	1	—	—	1
Gonorrhœa	2	1	5	8
Orchitis	—	—	2	2
Syphilis, Primitiva	2	—	—	2
Syphilis Consecutiva	5	5	2	12
Condyloma Syphilitic	—	2	1	3
Bright's Disease	—	—	1	1
Hydrocele	—	—	1	1
Lumbago	—	—	4	4
Rheumatism, Acute	6	9	21	36
Rheumatism, Chronic	2	—	—	2
Synovitis of Knee with effusion	—	—	1	1
Abscessus	2	5	6	13
Furunculus	6	—	—	6
Paronychia	1	2	—	3
Phlegmon	1	1	14	16
Ambustio	4	2	—	6
Concussion, Spinal	—	1	—	1
Contusion	4	7	6	17
Fracture (compound comminuted) of Foot from railroad accident	—	—	1	1
Hernia, Inguinal	—	1	—	1
Vulnus Incisum	8	2	2	12
Vulnus Contusum vel Laceratum	3	5	26	34
Vulnus Punctum (Bayonet wound of Eye)	1	—	—	1
Amaurosis	1	—	—	1
Ophthalmia Conjunctivæ	3	3	4	10
Otalgia	—	1	—	1
Otitis	1	—	—	1
Otorrhœa	—	1	4	5
Odontalgia	1	1	6	8

Total number of patients treated during three months—674.

AMPUTATION AT THE HIP-JOINT.—We learn from one of the surgeons, returned from Richmond, that he witnessed two amputations at the hip-joint at Sudley's Church, during the battle of Bull Run, both of which proved fatal.

American Medical Times.

SATURDAY, SEPTEMBER 21, 1861.

CLINICAL TEACHERS AND STUDENTS.

Clinical teaching being, as it were, a comparatively new branch of medical education in this country, it would be strange indeed if no defects existed in its practical workings. This fact has more particular reference to the relation which should exist between teacher and pupil in order that mutual improvement may be the result. Having had occasion to allude in a general way to the advantage of bedside instruction to the student, we deem it useless to refer to it again at this time; we must not, however, lose sight in the same connexion of the benefit which the teacher may gain by virtue of his position. The teacher is not warranted in considering his labors in the hospital wards in the light of a noble sacrifice of his time and talents to the cause of medical education. He must consider that every clinical lecture which he delivers, every remark that he makes, and every fact that he notes, tends to leave an impress upon his mind, which otherwise would never have been made. The axiom, *docendo discimus*, is no less true at the present day than when first it was uttered. What teacher does not better understand a subject when he has been forced to prepare himself to lecture upon it? The learned Priestley said significantly to a friend, that he wished to understand electricity, and so he wrote a book! The good result of such a work every one can attest. By the adoption of the same principle to lecturers the result will be equally gratifying, and new trains of ideas will be constantly opening themselves before him. This being the case, and the teacher owing it all to the instrumentality of the student, the latter has a right to demand the enjoyment of certain privileges, and have the advantage of every facility that can be offered for benefiting in like manner himself. We wish to take occasion more particularly at this time to ask, if such a thing is really done? We have very good reason for supposing that it is not.

In considering in the first place the advantages offered to the student in the acquirement of knowledge, we have in the first place to notice the influence which the character of the teacher has upon him for good or evil. It is the practice of some of the attending physicians or surgeons either to shun students or else hurry through the wards with the determination to perform a disagreeable duty in the shortest possible time; another class, which belongs to the other extreme, are excessively verbose and tedious. It is questionable which of the two is capable indirectly of doing the student most harm; the one who sets an example for superficiality or he who inflicts mental as well as bodily fatigue upon his hearers. The really successful teacher is one who occupies the position of a happy medium, who by his example sharpens the student's relish for study, while at the same time he renders his mental digestion easy.

The character of the subjects touched upon should be selected with reference to the wants of the practical man, and not for the gratification of professional vanity. The suspicion of the existence of such an actuating principle ripens itself into a certainty, when we come to consider the apparent inconsistency in the teaching of some gentlemen, more especially those who practise surgery. Let us take a familiar example:—A notice is posted upon the blackboards of the different colleges to announce the performance of a capital operation in one or other of the hospitals, and a crowd of students assembles to witness it. Everything being prepared, the surgeon states that it is a case the like of which he has never seen before, and likely never expects to again, whereupon the students chronicle the important fact in their note-book, fully persuaded that one day the knowledge of it will prove useful to them. The operation then begins, the crowd of assistants almost completely surrounds the operator, while the fortunate students who may happen to occupy the front seat, elbow each other silently about to get an occasional glimpse of what is going on. Amidst this suppressed uproar and struggle the operation is proceeded with, and finally finished. The morbid mass thus removed is displayed, the whole concourse of students applaud, and then depart to discuss the skill of the operator. Every one seems satisfied except those who really came to be taught something useful. That such scenes are of common occurrence no one who has frequented our large hospitals will care to deny. The story carries its moral upon its face, and suggests the question as to whether the real wants of the student are met by such modes of teaching. In surgery, as in every other branch of medical study, the student is expected to acquaint himself with the elements of the science; the important matters which he must have a knowledge of are in reality the comparatively most trivial; and yet we meet very few surgeons who find it worth while in their clinical teachings to minister to such necessities. If the student could be taught, by actual sight (for we hold this to be the essential element of clinical teaching), the application of a bandage, the adjustment of a common fracture, the operation for hernia, the reduction of a frequent luxation, the amputation of a finger, or even the opening of an abscess, and hear some practical remarks upon the several cases, the teacher would have the gratification of knowing that he discharges the duties which belonged to his responsible position.

In the department of practical medicine and obstetrics the same faults may be found to exist, though in a less degree than in surgery. We say in a less degree, because the recital of a rare medical or surgical or obstetrical case is almost always of use to the student, as he must necessarily be essentially a physician, and may have an opportunity of seeing another such case; in surgery, however, a similar chance, no matter how strongly he may persuade himself to the contrary, may never come. It is curious to observe that notwithstanding the knowledge of practical medicine is much required by the student, he will neglect almost everything that pertains to its acquirement, if a chance is offered him to witness a surgical operation. Yet such is too frequently the case, and the physician is left to walk the wards almost unattended. Who is to blame for this? While it is the duty of the physician to give instruction in auscultation and percussion, and point out the physiognomy of disease, and while the obstetrician offers every facility for observation that he is able to, the student should also bear in mind the part which he is expected to take; the surgeon who is most careful to teach him minor points, should be more sought after than the

one who has a reputation for operating, and should alike be encouraged by strict and respectful attention.

The student, for the sake of his own advancement, is expected to follow up the cases regularly, to take notes and observe everything around him, the decubitus of the patient, his diet, physiognomy, and strive by dint of practice to stamp such points upon his memory, thus cultivating a faculty for observation, without the possession of which he can never be a true physician.

The Fall is at hand; the colleges are about to commence; and ere long the wards of the hospitals will be thronged; and let us hope that the mutual relations which shall exist between pupils and teachers will result in the lasting benefit of both, and that when the services shall have closed, each may have the consciousness of doing all that was required of him.

THE WEEK.

Violent deaths from the burning of clothing are no unusual occurrence among females. During the last week, five such cases were reported at Philadelphia. The light, inflammable dress of a danseuse at a theatre took fire, the flame was communicated to others similarly clad, and the result was the almost immediate destruction of five, and more or less severe injury of several others of the troupe. Not long since, the community was shocked by the violent death of the wife of the Poet Longfellow, by conflagration of her clothing. It seems from recent experiments, that fine fabrics may be rendered non-inflammable; and this terrible tragedy, so suddenly improvised on the Philadelphia stage, should lead to a thorough trial of the methods proposed. The most gauzy material soaked in a solution of chloride of zinc becomes non-inflammable to the extent that it will not blaze, when held in a gas-light. Versmann and Oppenheim have found that a solution of tungstate of soda of twenty per cent., or of sulphate of ammonia of three per cent., produces similar results, and yet does not injure the texture or color of the fabric, or interfere with the process of ironing.

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The Sanitary Commission continues to labor with great energy to extend sanitary reforms among the troops, and with great success. At a recent meeting, it added to its force the following Assistant Secretaries:—Drs. J. T. Newberry, J. H. Douglas, and J. Foster Jenkins. These are excellent appointments. Dr. Newberry is one of the members of the Commission. Dr. Douglas is well known to the profession as the able editor of the *American Medical Monthly*, of this city, and will bring to the discharge of his duties that knowledge of sanitary science, and that energy in the execution of the plans of the Commission, which are requisite to success. Dr. Jenkins, formerly of this city, but more recently a reputable practitioner at Yonkers, N. Y., enters the service thoroughly imbued with the spirit which should animate every agent of the Commission. The following distribution of duty of the Assistant Secretaries has been made:—

To Dr. Newberry, the departments of Gen. Rosencranz, Gen. Fremont, and Gen. Anderson. Post-Office address, Cleveland, Ohio. Dr. Newberry will establish hospital depots at Wheeling, Virginia (in charge of C. D. Griswold, M.D.), at Cincinnati (in charge of W. H. Mussey, M.D.), and at Quincy, Illinois.

To Dr. Douglas, the columns under Gen. Banks and Gen. Dix. Post-Office address, Baltimore, Md. Dr. Douglas will establish hospital depots at Baltimore and at Frederick City.

To Dr. Jenkins, the columns under the immediate command of Gen. McClellan and Gen. Wool, with hospital depots at Washington and Fortress Monroe. Post-Office address, Washington, D.C.

The Commission have published the following statement, which will interest those who are disposed to aid them by contributions:—

Contributions of hospital stores may be made to either of the above depots, or the Woman's Central Relief Association, No. 10 3d ave., Cooper Union, New York.

The Woman's Central Relief Association of New York is, by order of the Commission, at its own generous instance constituted an auxiliary branch of the Sanitary Commission; retaining, however, full powers to conduct its own affairs in all respects independent of the Commission, neither the Commission nor the Association being in any way responsible for any pecuniary liabilities or obligations, except such as are contracted by itself or its authorized agents.

Benevolent Societies north and east of New York, proposing to contribute supplies for the National forces, may communicate with the Woman's Central Relief Association, which will be in constant correspondence with the various Secretaries of the Commission, and will from time to time forward supplies where they may be most needed.

Contributions of money may be made to the Treasurer, Geo. T. Strong, Esq., No. 68 Wall st., New York.

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In another column will be found a suggestion of much importance to the Medical Department of the Army. It is given in the paper of Dr. Haase, late Surgeon to the 5th N. Y. Reg., and is based on the practice of the surgeons in the Schleswig-Holstein war. It is the recommendation that each soldier carry about his person, when on the field, simple dressings, as bandages and lint, which the surgeon may always find at hand in cases of emergency. The British Army Medical Department have made similar provision for the troops. In a circular, issued May 27, 1855, it was directed that the following articles should form part of every British soldier's kit on active service, so as to be available at all times and in all places as a first dressing for wounds:—Bandage of fine calico, 4 yards long, 3 in. wide; fine lint, 3 in. wide, 12 in. long; folded flat and fastened by 4 pins. Such provision should be made by our authorities.

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The English Government is encouraging the effort to transplant the Cinchona plant to India. The supply of quinine from South America is in danger of being so reduced by the waste and destruction of the cinchona tree, that it will fail to meet the wants of mankind. Already the price is so high that it is almost impossible for the poor to obtain it. The wise foresight of this movement of the English is most commendable. The person intrusted with this service is Mr. Clement R. Markham. The *Medical Times and Gazette* gives the following account of the success which has attended the transfer of plants and seeds:

"In India the difficulty was to find a situation provided with that incessant supply of moisture which seems indispensable for the alkaliferous plant. The search was made, however, with the light of a full knowledge of the whole conditions of the cinchona region in the other hemisphere. The first site which has been chosen is in the Neilgherry Hills at the highest available elevation that could be found south of the Himalayas. It is a wooded ravine at the back of the range of hills which rises behind the Government

Gardens at Ootacamund, sheltered, 7450 feet above the sea, with a flora analogous to that of the native forests in Peru, with an identical temperature, and a moderate supply of rain and mist during *both* monsoons. A second site has been chosen in the Neilgherries, and one at Coorg. At the first of these localities the following were, as we are informed by an authentic memorandum, the 'number and condition of the cinchona plants in the Neilgherry Hills, June 9, 1861:—

C. Calisaya (yellow bark)	6	(original plants)
C. Succirubra (red bark)	967	(463 plants, 504 seedlings)
C. Nitida (grey bark)	439	(raised from seeds)
C. Micrantha "	511	
C. Peruviana (*) "	280	
Total.	2114	cinchona plants.

The plants generally are in a very healthy and promising condition; some of them are in the finest possible state of health and luxuriance. The seedlings are now three inches high, and beginning to form branches. It is intended to plant them out in June, 1861, when there is every reason to expect that the stock will have increased to 60,000 cinchona plants.'"

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We have frequently called the attention of our readers to the publications of the "New Sydenham Society," of London, and urged them to become annual subscribers. The receipt of the remaining volume, for the year 1860, impresses us still more strongly with the value of this Society and its claims to support. During the two years, 1859 and '60, it has issued ten volumes including three plates of Von Hebra's Atlas of Skin Diseases. These volumes embrace the most valuable monographs, and publications inaccessible to the American practitioner, without great expense, and a knowledge of a foreign language. The annual subscription is six dollars, the value of which is obtained in the magnificent plates of Von Hebra. The Society has thus far published five volumes annually; it now proposes, if the number of subscribers is increased to 4000 (the present number being 3500), to publish three additional volumes. The deficiency should be made up in this country, and we trust every member will see that it is for his individual interest to bring the claims of the society to the attention of his neighbor. We know of no way by which an American physician can more judiciously expend money for library purposes.

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A distinguished London physician, writing to a friend in this city, thus alludes to our national struggle:—"I fear from last accounts, that we cannot expect for some time to hear that the troubles in your splendid country are terminated. I am certain that they are deplored by all men here, whose opinions and sympathy are worth having." It is gratifying to learn that the leading medical men of the parent country regard the civil war that now rends this country, as a deplorable calamity.

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Surgeon Prisoners.—We notice that the federal surgeons who were taken prisoners at the battle of Bull Run, and who did not accept a parole, have been removed from Richmond to Castle Pinckney in Charleston harbor.

Dublin Quarterly Journal of Medical Science.—Dr. Neligan, who has edited this Journal for twelve years, retired from his position with the July number, and is succeeded by Dr. George H. Kidd. We can bear the most cordial testimony to the ability with which Dr. Neligan has discharged his duties as editor. The *Dublin Quarterly* is recognised on this side of the Atlantic as one of the ablest medical periodicals in our language.

* A new species.

Reviews.

Researches upon the Venom of the Rattlesnake: with an Investigation of the Anatomy and Physiology of the Organs concerned. By S. Weir Mitchell, M.D., Lecturer on Physiology in the Philadelphia Medical Association. Smithsonian Contributions to Knowledge. Washington City. Published by the Smithsonian Institution. 1861. Pp. 145.

This volume contains the results of a series of observations on the habits of the rattlesnake, pursued under the auspices of the Smithsonian Institution. The favorable circumstances under which the experiments were performed, and the able assistance which was afforded the author, render the results of his studies in a high degree reliable. The work is divided into the following chapters: I. *Observations on the Crotalus when in Captivity.* II. *Anatomy of the Venom Apparatus.* III. *Physiological Mechanism of the Bite of the Crotalus.* IV. *Physical and Chemical Characters of the Venom.* V. *Toxicology of the Venom of the Crotalus.* VI. *Toxicological Action of the Venom upon Warm-blooded Animals.* VII. *Action of the Venom on the Tissues and Fluids.* VIII. *Crotalus Poisoning in Man.*

Passing over the details of experiments and observations, which occupy the first seven chapters, we shall notice only the conclusions of the author in regard to crotalus poisoning in man. The author remarks at the outset, that a careful study of the symptoms of poisoning, after the bite of venomous snakes, leads to the conclusion that whatever may be the degree of virulence in the poison, "its mode of affecting the system varies but little, whether the bite be by the viper, the copperhead, the rattlesnake, or the dreaded but not more deadly cobra. Thus, in each case, we have the local poisoning, the constitutional malady, and the possibility of inexplicably rapid death on the one hand, and of a strange zymotic disease upon the other." It is as yet doubtful if the apparent difference in the activity of the venom of various serpents is not due to the quantities formed or stored up in each case, and to the peculiarities of structure of the poison apparatus in each case. Cases of poisoning often differ as much from each other as either one of them will from the bite of the moccasin or cobra. Although there are on record a large number of reported cases of poisoning by the bite of the rattlesnake, yet they are so deficient in details, and so imperfect, that the author has been able to tabulate but sixteen. From these he deduces a series of conclusions, to some of which only can we refer. The principal constitutional effect of the poison is general, and severe prostration, attaining its maximum in one hour, and exhibited by cold sweat, nausea and vomiting, quick, rapid, and feeble pulse, anxious expression, and in a few cases with mental disturbance. Immediate death never occurs, but a series of local symptoms supervene, as swelling and discoloration of the limb and body, followed by marked symptoms of general blood-poisoning. In the most rapidly fatal case, death occurred in five hours and a half. If the case terminate favorably, "the swelling declines, and the pain disappears with a celerity which every practitioner or reporter has assumed to be evidence of his own skill, or of the utility of his therapeutic means, but which, as we shall have reason to see, is in reality an essential and most striking feature of the crotalus malady." The lesions found after death are of a negative character. The fatality of the bite may be gathered from the fact, that of these sixteen authentic cases but four proved fatal, or one-fourth of the cases. In regard to antidotes, the author concludes that, after a review of all the remedies employed, no specific has yet been discovered. The treatment should be on general principles. This malady should be treated as the symptoms dictate, and no other guide can be safely or conscientiously followed in the present condition of the therapeutics of this mode of poisoning.

Dr. Mitchell remarks, in conclusion, that his views of treatment rest upon experiments which he will detail at length on a future occasion. He urges physicians to observe more carefully cases of snake-poisoning, in order that the accumulation of a large amount of experience may determine the true value of remedies.

The essay concludes with an appendix containing "*An Enumeration* of the Genera and Species of Rattlesnakes, with Synonymy and References," by E. D. Cope; and a "Bibliography," for which the author acknowledges his indebtedness to Prof. Le Conte.

Progress of Medical Science.

ON DISLOCATIONS OF THE SHOULDER-JOINT.

Professor N. R. Smith, M.D., of the University of Maryland, communicates to the *American Journal of Medical Sciences*, a novel and efficient method of reducing this dislocation, pursued by him for some twenty years past, the success of which entitles him to confidence in recommending it to the profession.

In first reviewing the anatomical mechanism of this joint, and that of its dislocation, he says, that though classed with the ball and socket articulations, it can scarcely be said to possess a bony socket, and the capsular ligament being little else than a loose synovial capsule, contributes but little towards the security of the joint. This deficiency is supplied, however, by four powerful muscles arising from the scapular, which embrace the head, and, inserted into its base, perform the office of a powerful contractile capsular ligament, which, together with the mobility of the scapula—enabling it to accommodate its shallow glenoid to the various movements of the humerus—preserves the integrity of the joint, the coracoid and acromial processes and ligament, with the tendon of the biceps, each lending support to the bone in its peculiar direction. If the arm be violently abducted, the thin capsule is strained and ruptured below, the muscular capsule and deltoid are relaxed, and their very powerful muscles, put violently upon the stretch, draw the head of the bone into the axilla. If now the pectoral muscle is more violently stretched than the latissimus, by the humerus being driven backwards as well as outwards, the head may be dragged forward under the coracoid. In an extensive surgical practice of forty years, Prof. S. has seen but three cases of displacement upon the dorsum of the scapula, and only one was recent. A person falls forward with violence, the elbow encounters the ground, which inflicts a forcible counter-stroke in the direction of the length of the humerus. The arm is, at the same time, driven forward upon the breast, rendering tense the latissimus dorsi, the teres major, and the posterior border of the deltoid, all of which co-operate with the counter-stroke in forcing the head over the border of the glenoid backwards. The mechanism of reduction is in most respects similar to that of dislocation, muscular force being concerned in both.

The operation of reduction consists in extension, counter-extension, and manipulation; counter-extension being the mere fixing or rendering immovable the scapula; the head of the humerus alone requires to be moved. The plan recommended, is to make counter-extension from the opposite wrist, an expedient directly at variance with the commonly received principle, because remote from the bone to be supported. The continuity of ligament, bone, and tendon, by which the two scapulas are bound together, induced our author to adopt this method as the most efficient to secure the immobility of the scapula. In some of the first cases, he placed the patient in a chair, and directed two strong persons to make steady horizontal traction from the two wrists; as soon as the spasmodic resistance of the muscles was overcome, the head of the bone was disengaged, and the muscles which help us in such cases, suddenly lifted the head into its place.

This method causes no appreciable pain, but rather relieves the suffering of the patient caused by the pressure of the head of the humerus. If there be unusual muscular development, or the dislocation be of long standing, "I place the patient in a chair, sitting a little on one side of it, so as to allow room on the side of the injury for the operator's foot. I then pass a piece of stout muslin, folded, around the chest, and under the axilla of the injured side. The tails of it I carry horizontally to the opposite side, one in front, the other behind, and extending the arm horizontally, bandage them firmly to the wrist of the sound side, leaving the ends projecting, to be well secured to the wall, or other unyielding substance. I then pass an ordinary roller over the top of the injured shoulder, and back and forth, twice under the muslin band, to prevent its slipping down. Then I continue the same roller under the bottom of the chair and over the shoulder three or four times. This helps to give steadiness to the scapula, and especially to prevent the involuntary rising of the patient from the chair, or the tilting of the scapula upwards, when it is necessary to make the manipulation of which I am to speak. I now attach the extending band to the wrist of the injured side." After defending at some length this step of the operation, he concludes by directing extension to be made by two persons, outwards and a little downwards, gradually raising the arm to a little above the horizontal direction. The force may be gradually increased and continued until the muscles become fatigued and finally relaxed, when the head will often slip into its place without resort to manipulation. When this does not occur after the lapse of a reasonable time, the surgeon is to place his knee in the axilla and manipulate according to the common practice, the extension being continued. When the head is under the coracoid, the procedure is nearly the same, traction being made a little more backwards and upwards. Of dislocation upon the dorsum of the scapula, he has seen but one case so recent as to justify the attempt at reduction. In this case he failed in the method usually recommended. "I then carried a band over the front of the shoulder, one tail under the axilla, the other above it. These I united, carried them backwards and inwards obliquely, and secured them to the wall. Then I made traction strongly from the wrist almost directly forward, without much difficulty I thus drew the head of the bone forward over the margin of the glenoid, and had the satisfaction to see it slip into its place." When much resistance is expected chloroform should be freely administered until relaxation is complete; less than this causes spastic rigidity of the muscles and defeats the object.

Asclepias Syriaca.—The reputation which the Asclepias Syriaca has long enjoyed among the negroes of the South as a remedy for gleet, gonorrhœa, scrofula, etc., and the common use made of it as an ingredient in Indian cough nostrums, and other empirical preparations, induced Dr. C. L. Cleborne, U.S.N., to institute a series of experiments to determine its effects upon the system in health, the result of which he has given us in the *Am. Jour. of Med. Science.* He first took the infusion of the dried root in doses of a wineglassful t. d. for five days, which caused a slight nausea, and increased flow of pale colored urine, of a lighter sp. gr. than usual. Increasing the dose induced vomiting and ardor urinæ. An infusion of the fresh root of the same strength had the same effects, in a more marked degree, and in one-third of the dose of the infusion obtained from the dried root. Of the extract obtained by evaporating at a low temperature the expressed juice of the fresh herb, he took at first gr. iij. gradually increased to gr. v. t. d., which caused excessive nausea, tickling sensation in the fauces, and violent headache between the eyes. He next prepared a fluid extract from the dried root, of which he took gtt. x. without any peculiar effects. The same dose repeated in three hours was followed by increased secretion from the kidneys. Took gtt. xx. repeated

in three hours. Same effect, with dizziness, and tickling in fauces. Took gtt. xxx. followed in three and a half hours with gtt. xx. Increase of urine, tickling at the end of penis, uneasiness of stomach, slight inclination to evacuate the bowels, severe headache, quick full pulse; symptoms continuing throughout the next day. Took gtt. xxxv. Produced nausea, inclination to evacuate the bowels, diuresis; in three hours took gtt. xv.; had copious evacuation from bowels, slight pain, pulse 98. Forty drops produced vomiting, leaving the system much relaxed, pulse feeble and frequent. Twenty drops taken with fifteen of tr. zingib. and three tr. opii, produced an evacuation, soft in consistency, and yellowish in color; appetite increased. By taking fifteen to twenty drops before breakfast, a gentle aperient effect was produced in the evening. An infusion, or decoction of the root made with water, contains a bitter taste, with very little of its active principles. The effects of every dose were marked with particular care, and he sums them up as being *tonic, alterative, diuretic, purgative, emetic in large doses, stimulant,* and *anthelmintic.* At no time did it act as anodyne, diaphoretic, nor expectorant. He reports several cases in which the virtues he claims for it were apparent. The dose of the hard extract is from three to five grains gradually increased.

Opium and Quinia.—The antagonistic effects of these two remedies have recently been made a subject for investigation by Dr. Nivison, of Schuyler county, New York (*Amer. Jour. Med. Sci.*), who, instead of endorsing the rule laid down by Dr. Gubler, that "they ought not to be administered simultaneously," claims that each only neutralizes the *bad effects* of the other, and that the happiest therapeutic result is often derived from their combined action. In support of this, he reviews the separate action of each, premising that no two articles enter more largely into use than the preparations of bark and opium, some of their properties being determined with a certainty that amounts to absolute demonstration, and that both have a powerful affinity for the nervous system, each impressing it in a manner peculiar to itself.

Experiments have proved that quinia given in health augments the amount of phosphates, and in disease prevents the destruction of nerve tissue. Upon the circulatory system its effects are to give contractile power to the capillaries, giving us control of almost all forms of venous and capillary congestion; to approximate the frequency of the pulsations to the healthy standard; and upon the blood, its influence is not only on the phosphates, but it diminishes the amount of uric acid, and defibrinates the fluid, which may throw some light on its action in overcoming congestion, and subduing inflammation. The action of opium is to equalize the circulation; it stimulates the nutritive or reparative process, as in the healing of old ulcers, etc.; it retards the too rapid metamorphosis of the tissues, indicating its employment in exhausting fevers, wasting discharges, etc.; not to mention its more familiar effects in removing pain, procuring sleep, etc. Although there are many exceptions to the uniform action of each of these remedies when administered singly, he claims that the number of exceptional cases will be greatly reduced when they are given simultaneously. Many acute inflammatory cases will promptly yield to the influence of full doses of opium, where these doses cannot be given without the risk of so far paralysing the nervous energies as to induce fatal congestion, which quinia will overcome by its contractile power over the capillaries. Quinia counteracts the tendency of opium to reduce the biliary and renal secretions, to reduce the respiratory action, and also obviates the unpleasant after effects which frequently follow full doses of opium. It assists opium in cases of extreme exhaustion from protracted hemorrhages, etc., by preventing undue narcotism, and by maintaining the reaction without those frequent repetitions of opium otherwise necessary. It also overcomes a large proportion of idiosyncrasies. In many diseases the dangerous congestion of some internal organ requires the contractile action of quinia on the capillaries of the congested parts; but upon trial, we sometimes find we have imparted a peculiar action to the general circulation, aggravating rather than relieving the congestions. A sufficient amount of opium controls this excitement, and diverts the circulation to the surface, thus assisting the legitimate action of the quinia. Other morbid conditions are mentioned, in which experience has demonstrated that the beneficial effects of either remedy are more readily obtained by administering the two in combination, while the unpleasant effects of either are in a like manner obviated.

Spina Bifida, treated by Iodine.—Professor Brainard reports a case of spina bifida (*American Journal of Medical Sciences*), which he treated by iodine injection. The patient was a girl aged three years. A small-sized hydrocele trocar was carried into the base of the tumor, and six ounces of fluid drawn off, pressure with the thumb at the same time being made, so as to close, as perfectly as possible, the opening in the spinal column. Half an ounce of solution made of iodine gr. v., iodid. potass. gr. xv., aq. distil. ℥j., at the temperature of the body, was injected, and after a few seconds allowed to flow out; distilled water, of the temperature of the body, was then thrown in to wash out the iodine, and two ounces of fluid first drawn from the sac, kept at the temperature of the body, were reinjected, the canula withdrawn, and pressure applied.

One injection sufficed to effect a cure. This is the seventh case which he has treated in this manner, and in no case has he seen it produce dangerous symptoms. Three of the cases were accompanied by hydrocephalus, and were all permanently cured—one with thirteen injections, one with two, and the last with one. Dr. Janes.

Sanitary Commission.

FIRST REPORT OF THE HOSPITAL VISITOR FOR THE DEPARTMENT OF THE POTOMAC.

[Read before the Sanitary Commission, and by them permitted to be published in the American Medical Times.]

Washington, August 30, 1861.

To the Secretary of the U. S. Sanitary Commission.

Sir:—Since the 15th inst., when at your request I undertook the discharge of duty as Hospital Visitor, I have visited each day one or more of the military hospitals in Washington and vicinity, viz.:

The General Hospital, in E st. (Washington Infirmary).
The Hospital for Regulars, in C st.
The Columbian College Hospital, in 14th st.
The Hospital for Eruptive Diseases, 21st st. (Kalorama).
The Union Hotel Hospital, Georgetown.
The Sanitary Hospital, Georgetown.
The General Hospital at Alexandria, comprising a hospital for wounded only, in Washington st., and a separate establishment for diseases other than surgical in Fairfax st.

With the exception last named and the hospital for eruptive diseases, these establishments receive indiscriminately, sick and wounded, privates and officers. You have so recently been informed by the Report to the Commission of Drs. Van Buren and Agnew, as to the situation, construction, and internal arrangement of the hospitals, that details on these topics are not demanded save when changes, subsequent to the date of their report, essentially modify their statements.

Of such I may mention the provision of a separate dead-house, detached from the main edifice, at the Washington Infirmary, and at the Columbian College Hospital; the drainage of the basement at the Infirmary; and the introduction of water to each story at the Columbian College Hospital, Georgetown, the latter also having the advantage on each floor of water closets kept in good condition.

Of the structures devoted to hospital use not visited by

Drs. V. B. and A., the Hospital for Regulars, in C st., comprises two adjacent dwelling-houses, made to afford accommodation to ninety patients.

The location is bad, the sanitary condition of the neighborhood being exceptional. The wards in the basement of one building at least are damp. The ceilings, however, above the basement story are high, and ventilation by windows and doors seems to be well secured at this mild season. The entire absence of independent ventilation will render these houses unfit receptacles of the disabled when inclement weather advances.*

The Hospital for Eruptive Diseases has within a week been transferred to Kalorama, where it no longer endangers the safety or disturbs the peace of a populous neighborhood.† It occupies the spacious private mansion of —— Fletcher, Esq., surrounded by one hundred acres of wood and lawn. It has received cases of small-pox, mumps, measles, and erysipelas.

But four cases of variolous disease exist at present. These are but imperfectly isolated in a wing of the building. Patients entering the hospital with other diseases are vaccinated unless they present evidence of previous vaccination. They should be, I think, in every instance.

This hospital, like all the others, is without means of independent ventilation.

An additional building, formerly occupied by a young ladies' boarding school, has been secured at Alexandria, and opened the present week for the admission of medical cases only. It is not in as healthful a location as the surgical building, but is in construction greatly its superior. The ceilings are high and the windows large, but it suffers in common with all the buildings used as hospitals, in defective resources for ventilation, independent of the will of the inmates. It has one hundred beds, one half of which were occupied on the day of its opening.

The hospitals are now generally full, the aggregate number of inmates this week, by report of the surgeons, being 1180, nearly one half of which are cases of typhoid fever, or of remittent fever, assuming in large proportion a typhoid type. Diarrhœas and rheumatisms are much less prevalent than they were three weeks since. No erysipelas is present. The wounded are in smaller proportion, while the percentage of fevers introduced from without is steadily increasing. There is reason to expect a continuous increase of fever, for which the present hospital accommodation is utterly inadequate.

In my visits to these hospitals I have directed especial attention to matters committed by you to my notice.

The hospitals on this side of the Potomac have been continuously supplied with ice from the stock first provided by the commission, and the larger cargo (107 tons) this week placed by them at the disposal of the Medical Director, for hospital use, will afford an adequate supply through the warm season. The hospital for eruptive diseases has this week been admitted, for the first time, to participation in the enjoyment of this luxury. One surgeon reports the gift of ice as the greatest boon the Commission has been able to bestow.

Mr. Stevens, the barber, has been faithfully discharging his duty. His visits are very welcome, both to surgeons and patients. An increase in the hospital population will probably require that he should receive at least occasional assistance.‡ He is now able to visit each hospital about once a week.

I have renewed the supply of stationery at three hospitals, and to one surgeon (Dr. Abadie) I have furnished one hundred stamps for the use of patients. I have observed that this gift of the Commission is in common use, and I think that the complaints as to its denial to patients are in general unfounded. The stock of stationery is given in one hospital to the wardmaster, in another to the head nurse; in each case the person, who, in the judgment of the surgeon in charge, will most judiciously preserve and distribute it. Guarded by this precaution against waste, it has not seemed proper to add to the burden of duties imposed on these subalterns by insisting on their keeping records, and with your permission I have not required registration of them.

I have furnished from the store-room of the Commission such hospital clothing and medical comforts not obtainable from the Medical Surgeon or the Quartermaster, as seemed necessary for the comfort of the sick. The opening of the new building of the Alexandria hospital seemed to me to present an especial claim for the cheerful bestowal of the stores entrusted to the Commission, and after the Surgeon had drawn his requisitions on Quartermaster and Medical Director, I endeavored to supplement them by an order on the Storekeeper of the Commission, unusually large. A water-bed, needed by Dr. White at the Washington Infirmary, has been borrowed in the name of the Commission from Dr. Abadie, at the Columbian College Hospital, until it can be replaced. Other surgeons have asked that a similar gift be granted to their hospitals, and to one at least the promise of such a donation seems to have been previously made.*

Regarding the internal administration of the hospitals, it is in general excellent. The surgeons in charge seem to have made the best of the resources at their disposal. But they are hampered by the restrictions of an inelastic system, which, framed for the needs of a small peace establishment, does not yield with sufficient readiness to the increasing demands of the service under rapid expansion.

For instance, a surgeon taking possession of a building for hospital uses finds the rooms too narrow, and being told that the Quartermaster-General will make all needed repairs, applies to him for authority to take down certain partitions not contributing to the strength of the building. But the Q. M. G., while he will repair the roof and refit the locks and improve the floors, has had framed for him a distinction between "repairs" and "internal alterations," and decides that the removal of the objectionable partitions cannot be deemed repairs, but must be forbidden as an internal alteration. So the surgeon is left alone to improve, so far as he may by extraordinary care, his typhus-fated wards.

Again, it is evident that as few demands as possible should be made on the time of the surgeon-in-charge for merely secular or clerical duties. He surely has ample employment in the discharge of duties purely professional, in the direct care of the sick, and in fulfilment of claims consequent thereon.

A law of the last Congress calls for weekly returns from each hospital of the number of sick, the name of each man, the State, the regiment, and other details pertaining to each individual, rendering the unaided preparation of each report the work of many hours. In his laudable effort at compliance with the requirements of this law, you believe that the surgeon is assisted so far as is possible by the central bureau. Not so. It furnishes him no printed blanks to be filled with the required facts, but calls on each surgeon in charge of a hospital to devote valuable time to the mere clerical duty of ruling blank sheets in manifold columns, and burdens him moreover with the duty of writing a special requisition for the paper necessary therefor, the use of which overdraws the number of quires allowed him each three months.

Whether such hindrances to the hospital surgeon arise from the want of a discretionary power as to expenditure granted by the Secretary of War to the Quartermaster-general and Surgeon-general, or are the effect of mere routine in these departments, the result for him and for the objects of his care is equally unfortunate. As to the remedy, whether it should be sought directly from the

* This Hospital has since been transferred to a more suitable building in an elevated locality.

† It is authentically stated that variola appeared in several instances near the Hospital while it was established on Capitol Hill.

‡ An additional barber has since been engaged.

* The Assistant-Surgeon who has had charge of the patient for whose relief the first water-bed was furnished, expresses the belief that its use has saved the man's life.

Secretary or from subordinate officials you best can judge. The aerial space of the hospital wards varies from 1000 cubic feet in the most favored rooms, to 700 and even 500 feet, in many which are crowded. I observe as yet no tendency to disease generated within the hospitals. Saturation of their fissured walls by organic emanations is perhaps not yet complete, and the freedom of ventilation by doors and windows which has been admissible thus far, has put off the evil day. But unless the improvement which can be introduced to these buildings at moderate cost, is effected, by securing to them ventilation independent of the control of the patients, and to the patients a large average aerial space, when frost comes will it not bring with it the scourge of dysentery, and typhus, and gangrene?

The nursing appears to be good, and the sick are generally content with the care they receive, and present a cheerful aspect.

Yours respectfully,
J. Foster Jenkins, M.D.,
Associate Secretary.

Correspondence.

DR. PETERS'S VINDICATION.

[To the Editor of the American Medical Times.]

Sir:—Absence from the city prevented me from seeing the article of *Contraria Contrariis* until shortly after that of *Timon* appeared. Hence I will answer both articles, as far as necessary, at the same time.

Both articles show signs of great vindictiveness, but *Contraria Contrariis*, according to his own principle, must oppose every thing, right or wrong; and *Timon*, I learn from Blake's Biographical Dictionary, was "*a misanthrope, born at Athens. He declared himself the enemy of the human race, and in his conduct exhibited the savage character of a man-hater.* He said he loved Alcibiades, because he would prove one day the ruin of Athens." It is perfectly evident that I must suffer from the hands of such opponents, and cannot possibly open my mouth without giving them a text to preach from. Their articles abound in so many personalities that I am obliged to make explanations, and I make them to you and the better class of the profession.

C. C. assumes I well know that "rational medicine is truly Catholic, and allows the largest liberty to all her votaries; the freest range for all the faculties, and stimulates them by all the highest and noblest motives that can operate on the human mind." This may be, and is so to a certain extent, but I deny that large and small factions of the profession allow this. In the very next sentence I am told that this Catholic institution has a special abhorrence. Of course it has, and many of them like the Englishman who was without prejudice, but did hate Jews, Jesuits, and Frenchmen, to say nothing of dissenters and tories. I will append a portion of a note to prove that I have some little claim to true Catholicism:—

My Dear Doctor Peters:—If I may without presumption express an opinion as to the professional step you have taken, I beg to say that I consider it eminently sound and judicious. The position you assume is *Catholic*, and in my judgment *impregnable*. It must commend itself to every one, lay and professional, who is not wholly given over to medical sectarianism. Of course you have foreseen and are prepared for attacks from that class who can see nothing outside their own peculiar *ism*. Several physicians have been spending the evening with me, and your communication to the Medical Times was discussed. It would be bad taste for me to repeat to you all the civil things they said about it.

Very truly yours, &c., S.

C. C. assumes that I practised blindly on the dogma similia, believing it to be absurd and opposed to reason and common sense, until it one day happened to occur to me that my dogma was only a fragment of a great law, &c. This explanation occurred to me while I was still a student of medicine in Germany, in the year 1841 or '42, after I had studied medicine three or four years in this country. I recollect the time and occasion of it distinctly. I was in Leipsig following the practice of the celebrated Dr. Noack, in the small homœopathic hospital there, and also attending the large St. Jacob's regular hospital. Dr. Noack was a liberal homœopathist, who did not use infinitesimal doses, but in all other respects adhered strictly to his system, never wittingly giving a dose of so-called allopathic medicine; the results of his practice compared favorably with that of his opponents. I saw cases of erysipelas, pneumonia, typhus fever, &c., recovering in such large proportions, that I then and for a long time supposed the treatment efficacious. Allow me to add that Noack's warmest and most intimate medical friends were Lehmann, who then had just published the first edition of his Physiological Chemistry, and Hasse, the rival of Rokitansky in Pathological Anatomy; they made chemical investigations and post-mortem examinations for Noack, and comported themselves as scientific, honest, and gentlemanly men, each earnestly seeking after truth in the direction most congenial to himself. I now believe that a large portion of what I twenty years ago supposed to be cures under Noack's treatment were merely recoveries; but that proves that nature is competent to cure many and even dangerous diseases, so that severe measures are less frequently required than was then generally supposed.

From Leipzig I went to Berlin, and remained the whole winter mainly under the teaching of the celebrated Schœnlein, who still maintains the same rank in Germany as a diagnostician and practitioner as Andral, Louis, Chomel, or Trousseau, do or did in France. I saw no homœopathic treatment in Berlin, because shortly after my arrival the small Homœopathic Hospital there, conducted by an extreme high dilution homœopathist, was closed by order of the Prussian government, as the result of the treatment in it was so unsuccessful.

From Berlin I went to Vienna, mainly to follow the treatment of the well known Dr. Fleischman in the homœopathic hospital, and the teachings of Rokitansky in pathological anatomy, and those of Skoda in diseases of the chest. According to Balfour's report to the British and Foreign Medico Chirurgical Review, for Oct., 1846, Fleischmann lost 21 per cent. of his typhus fever cases, while Skoda, in the General Regular Hospital, lost 31 per cent. (see page 573). His treatment of fever and ague was much less successful than that of Skoda; while Fleischman lost 15 per cent. of his cases of pneumonia, Skoda lost only 6 per cent. during the three months that Dr. Balfour observed the treatment in the two hospitals, although his general average is 13·7 per cent. I have always been under the impression that the figures were reversed, &c.; at any rate, Fleischmann had 16 recoveries out of 19 cases, and most physicians would be willing to compound for that. It was in Vienna that I first came in contact with that almost expectant treatment of many diseases, commenced by Skoda, improved upon by Dietl, and now culminating with Bennett in Edinburgh. Skoda treated his cases of pneumonia without bloodletting.

On my return to New York, in 1843, I commenced the translation of Rokitansky's Pathological Anatomy; was almost immediately taken into partnership by a recent convert to homœopathy; and soon after, by the sickness of a medical friend who was pronounced consumptive, and sent to the West Indies, I was thrown into a large and influential practice among families devoted to the homœopathic treatment. I then believed this treatment was superior to any other in many cases, even severe ones, as I had seen many such recover in Noack's and Fleischmann's Hospitals; at the same time, I was getting a growing confidence in expectant treatment, and had always been strongly prejudicial against the same practice prevailing in the regular profession twenty years ago. I now believe that many

cases which I supposed to be cures with Fleischmann's and Noack's treatment were merely recoveries, although he never used infinitesimal doses, but quantities of $\frac{1}{10}$th, $\frac{1}{30}$th, or $\frac{1}{100}$th of a grain or a drop, which doses are too great of some powerful medicines, and too small for some mild and almost inefficient remedies used by the homœopathists.

Skoda, I am informed, used to visit Fleischmann's hospital, and got his ideas of an expectant, or very gentle practice, from the recoveries he saw there: he was too able and experienced a physician to become a convert to the system, although he saw that it was safer than was generally supposed to depend upon mild treatment, even in some seemingly or really dangerous cases. And thus commenced that immense influence which homœopathy has exerted upon the regular practice. Allow me to add here, that the celebrated Trousseau's theory of *substitution* has grown out of homœopathy. The following note from a distinguished philanthropist who does not now use homœopathic treatment, but has had great opportunities of observing both kinds of practice, puts this cogently:

My Dear Doctor Peters:—I congratulate you upon thus courageously acting upon your convictions of duty, and I have no doubt of the wisdom of your decision, as although I am sure that homœopathy has merit in itself, and that its influence upon the regular practice has been highly beneficial, I do not think it can be safely depended upon in many classes of violent disease.

Believe me, with great regard,

Yours, &c. M.

In the same year, 1843, I published a declaration of faith in the Homœopathic Examiner, containing substantially the same views I now entertain. A reviewer, on page 287 of the 3d volume of that Journal, says: "I really have feeling for Dr. Peters on account of his position. He is not among the Allopaths, nor is he with the Homœopaths; he has taken an intermediate position, which is a striking illustration of his views of similia similibus curantur. He places this principle between *identity* and *antagonism*, and calls it *difference*," &c.

(To be continued.)

PRESSURE ON THE PERINEUM.

[To the Editor of the American Medical Times.]

Sir—In the Medical Times of August 31st, I noticed an inquiry in reference to a remark in a previous article, that "Pressure prevents fissure or tearing" of the perineum during labor. No proposition is complete, unless it be an axiom, without its explanation, and as an error of type obscured this, you will allow me to quote from the fourth line following, which should have read, "The second of these propositions is old, and of relative importance. In natural labor, it will rarely occur if no aid is offered, but does frequently happen as a result of pressure, and a pushing back of the head; thus admirably facilitating a cleft."

I used the term fissure in its generic sense, and as denoting that slight tearing, when only the mucous membrane is broken. The idea of sustaining the perineum in order to prevent laceration, is too old to need rehearsal. In fact, by most authors, this is the only reason given for the effort. I might then answer the inquiry in the Down-East way, by asking, How it is possible to sustain the perineum without pressure? There is no need of sustaining, until the intra-uterine mass presses, and then sustaining is a pressure in a somewhat different direction. The two words are consequently used by authors interchangeably. But my design was to limit, rather than enforce the idea, by making it one of three, and that conditionally, a reason for sustaining the perineum. I believe that unscientific pressure will, and very frequently does, cause laceration; but that pressure in the way heretofore designated, does tend to prevent tearing. This it does by somewhat modifying the direction of the face, by sustaining the head; thus relieving it from the power of the mere weight, and by the tendency which slight pressure always has to prevent tearing at an exposed point. The first idea is upon the principle of transferring dilatory power nearer the symphysis, where there is little danger of rupture; the second is upon the assumption, that the mere weight of the fœtal head has nothing to do with the dilatation of the external parts, but is a strain upon the perineum; and the reality of the third may be familiarly illustrated in this way:—If you will take a few ripe grapes of equal size, and after removing the stems, cause the expulsion of the pulp by force from the rear, the mode of egress is very nearly the same to all. If now, in the case of others, you place your finger ever so lightly at the lower edge, its tearing is prevented, and the rupture is larger on the upper surface. The same mechanical principle applies precisely where egress is obtained by mere dilatation. The *vis a tergo* is propelled in a modified direction. At one time, assuming myself to be wiser in my generation than former authorities, I almost entirely abandoned the sustaining of the perineum; but more extended observation and experience have fully satisfied me, that although, as a matter of routine, it may be objectionable, yet that, properly resorted to, it does tend to prevent laceration at the point at which sensible, moderate, concave pressure is made.

Yours, &c.

September 12, 1861. Ezra M. Hunt, M.D.

DOMESTIC CORRESPONDENCE.

PHILADELPHIA.

Sept. 9th, 1861.

The medical haunts about College Avenue, Medical, and Ninth and Tenth streets, seem to be gradually awakening from their summer slumbers. Already a few notices are to be found on the various boards, announcing a part of the *intended* medical doings of the coming months when students are "in season." The number of special and quiz classes will be terribly decreased, and perhaps as much from the fact of the absence of these embryo professors, as from that of the students. Many of these classes, however, are but unsightly protuberances on the collegiate body, and may well be dispensed with. Your correspondent knew of many an instance where a dissipated student, having wasted his time, was in the last few weeks sufficiently "crammed" by means of these "grinders," to pass a quite creditable examination; but, the ordeal once passed, the knowledge evaporated into thin air. If no other good results to the medical world than this, this alone is of sufficient importance to cause great rejoicing in the hearts of the brethren, many of whom have long felt the stigma inflicted upon them by the yearly addition to their ranks, "with all the privileges and immunities thereunto belonging," of a host of "doctors," many of whom could scarcely *read*, much less *write* correctly, the English language, and of course utterly ignorant of the first rudiments of the tongue spoken by the great fathers of the profession. *Spero meliora.*

Since my last, death has removed from the ranks the forms of Drs. Thomas Bond and Antrim Foulke, both of whom have practised the healing art for many years in this city. Both were well known and much beloved by their associates and patrons. I shall leave their eulogy for those better acquainted with their many virtues.

It is a matter of much surprise that medical journals are so seldom found in the hands of the various members of the profession. An article is published, perhaps of great value, yet nobody has seen it, and when spoken of at the "Clubs," every one requests the loan of said journal. Why is this? It may in part be accounted for by the fact that the small amount yearly required from each subscriber, is somehow regarded as an item of expenditure not to be thought of, though twice the amount may be spent for some mere gratification of the appetite. By the way, a distinguished professor passed a high compliment upon the "Times," and wondered that Philadelphia was unable to produce something as good. Several members of the profession have had in contemplation, in conjunction with our publishing

houses, to fill this void, but as they permit every little cloud that obscures the horizon to keep them from venturing forth, we may be compelled to wait some time ere medicine in her metropolis has an organ worthy of the support of her sons, and one which, by its frequent appearance, may serve to infuse some life into our almost stagnant blood.

Our Quarterly, the American Medical, and our bi-monthly, the Medico-Chirurgical Review, are of value to the profession, though neither is patronized to the extent it deserves; yet what we want is a weekly journal with short articles, furnishing the latest news, giving an account of the new remedies, and such other matters as may prove of interest to the medical reader.

Speaking of new remedies, the want is frequently felt of some method by which we could obtain a short account of their value, doses, etc., without waiting for the issue of a new edition of the Dispensatory or other ponderous tomes. Can you not supply this void? Why not devote a corner to the subject, to which one could at any moment turn for the needful information? A host of valuable agents are thus a long time in getting to the knowledge of the physician; and too often, when he does hear of them, no dose or other particular is mentioned, and thus he is compelled to forego their employment.

In the reports of our medical societies, mention is often made that "Dr. —— found so and so of great value," without a word as to his mode of using it, the dose, or anything else. Now it would cause much surprise in the minds of physicians, did they know how widely they differ in the dose and manner of giving sundry articles. One uses almost infinitesimal quantities, and fails, while another succeeds by the administration of the same article in heroic doses. Gentlemen, always give the dose, and manner of employing your remedies, and then we can be sure that we do not fail from these causes.

Yours, etc., A. M. Leon, M.D.

Army Medical Intelligence.

Surgeons of Brigades.—The following Surgeons of Brigades have been appointed by the President up to Saturday, Sept. 14:—G. H. Lyman, F. H. Hamilton, D. Prince, J. W. Freer, C. McMillan, C. O. Learny, J. G. F. Halston, J. S. Robbs, Peter Pineo, W. E. Waters, J. H. Ranch, D. McKnee, S. R. Haven, A. E. Stocker, J. Owen, W. C. Thompson, A. B. Crosby, to Gen. McClellan; H. S. Hewitt, J. H. Brinton, H. Bryant, P. W. Ellsworth, L. V. Bell, A. H. Hoff, to Gen. Fremont; J. A. Slidell, to Gen. Baker; J. C. Dalton, to Gen. Viele; George Suckley, to Gen. Kearney; L. W. Cross, to Gen. Anderson; W. H. Church, to Gen. Burnside; R. H. Gilbert, Josiah Curtis, to Gen. Wool; J. E. Quidor, A. B. Campbell, J. V. L. Blany, Thomas Sim, O. Martin, N. R. Derby, to Gen. Hunter; W. D. Stewart, to Gen. A. Porter; James King, to Gen. McCall; T. R. Spencer, to Gen. Peck; W. D. Robinson, William Clendenin, J. G. Shumard, to Gen. Rosencranz; W. C. Strew, D. W. Hartshorn, T. H. Buch, A. P. Mayrnt, Edwin Bentley, R. L. Stanford, J. D. Strawbridge, J. T. Carpenter, O. M. Bryan, F. N. Burke, S. L. Herrick, R. B. McCoy, William Varian, J. J. Craven, T. A. Perkins, not yet assigned.

Surgeons appointed by the Governor.—The following appointments of Surgeons and Assistant Surgeons have been made by Governor Curtin, of Pennsylvania:—*Surgeons*—Dr. E. W. Bailey, New Bloomfield, Pa.; Dr. N. F. Marsh, Honesdale, Pa.; Dr. Wm. H. Gobrecht, Philadelphia, Pa.; Dr. C. F. H. Campbell, Philadelphia, Pa; Dr. Samuel G. Lane, Chambersburg, Pa.; Dr. John H. Fromberger, Bristol, Bucks Co., Pa.; Dr. E. M. S. Jackson, Cresson, Cambria Co., Pa.; Dr. A. B. Meylert, Scranton, Luzerne Co., Pa.; Dr. W. S. Woods, Pittsburgh, Pa. *Assistant Surgeons*—Dr. J. H. Sheetz, Dale, Berks Co., Pa.; Dr. E. Donnelly, Philadelphia, Pa.; Dr. J. B. Finney, Harrisburg, Pa.; Dr. J. W. Lyman, Lock Haven, Pa.; Dr. J. F. Huber, Lancaster, Pa.; Dr. James E. Reilly, Harrisburg, Pa.; Dr. W. C. Rodgers, Norristown, Pa.; Dr. J. P. Vickers, West Chester, Pa.; Dr. H. S. Colson, Philadelphia, Pa.; Dr. Ambrose J. Herr, Strasburg, Pa.

HEALTH OF TROOPS ON THE POTOMAC.

[Army Correspondence of the American Medical Times.]

Alexandria (Virginia), *September* 14, 1861.

In a communication to the Medical Times I gave you some account of the wounded who retreated from the battle of Manassas, and the health of the troops in this vicinity. I now propose to continue the account of the sanitary condition of the troops who are quartered on the left wing of the army of the Potomac. The season, thus far, has been cool and wet; heavy rains have fallen, to which the men were exposed from guard and picket duty, and the severe labor in building forts and earthworks, entrenchments, and the other labors incident to camp life. The last of July, and up to the middle of August, diarrhœa, cholera morbus, and some few cases of bilious remittent fever, were quite prevalent, and muscular rheumatism, diphtheria, tonsillitis, and bronchial affections, came up after each rain storm. The type of fever was of the bilious remittent form; the attack for the most part ushered in by a slight rigor, with pain in head, back, and limbs. The pulse slightly accelerated. Skin hot but usually moist, and in many cases bathed in a profuse perspiration. Bowels usually regular, but at times a diarrhœa preceded or attended the attack. A remission, more or less marked, occurred within twelve or twenty-four hours. The tongue was almost uniformly covered with a thick brown or yellow coat, from the commencement. Great depression of spirits, and loss of muscular strength, was early manifested. If the disease was not arrested, soon the tongue would become foul, or red and dry, and the teeth and lips covered with a dark sordes; delirium would come on, sometimes of a furious character, the patients frequently rushing out of the tents in the night and running through the camp naked, until stopped by the guard. In several instances, before field hospitals were established, the patients ran out naked and barefoot in a furious rain storm, and either the rain or the cool air restoring them to consciousness, they quietly returned to their tents. In no instance did any mischief arise from such exposure. In some of the worst cases of a typhoid type, sudamina, rose-colored spots, and petechiæ were observed. If treated early with five grains of quinine once in six hours, until twenty grains had been administered, the fever was arrested, and then a mild course of tonics was sufficient to restore them.

Relapses were extremely frequent, and nothing contributed so much to them as a cathartic. The soldiers would clamor for something to "clear them out," as they termed it, and would often take sal epsom or bilious pills which they brought with them, or procured from their comrades, and the result was sure to be a relapse. In those cases where diarrhœa was a prominent symptom, pulvis opii, with hyd. cum creta, was generally sufficient to arrest it, yet quinine was indispensable; calomel was rarely prescribed in camp. The liability to relapse, on the seventh or fourteenth day from the date of convalescence, was a marked feature, and was anticipated by five grains of quinine. As a prophylactic, I have great confidence in its efficiency. We had an opportunity, especially among the officers, in testing its power.

There was one thing connected with soldiers that was to me quite a new feature. It was the effect which measles had in rendering them susceptible to attacks of fever for a long time afterwards. While in the Park Barracks, New York, a great many of our men were affected with measles, and were sent to the hospitals. In time they recovered and rejoined the regiment, apparently in good health, but in the course of the summer these men were attacked without an exception, and their cases proved the most obstinate of any under treatment, and were protracted, and all assumed a typhoid character. So also with diphtheria, the liability to relapse was common, and protracted convalescence the result. The mucous membranes of throat, mouth, stomach, and air passages, were in an irritable state, while extreme debility was an attendant. There were but few cases of genuine dysentery; none fatal, all yielded promptly to opiates, slight alteratives, and low diet. We had a few cases of cholera morbus, some quite severe, running into collapse with blue surface, spasms, and pulseless for hours, brought on by gross imprudence in eating crude vegetables, or badly cooked food. Calomel, opium pills, small bits of ice instead of liquids, mustard sinapisms to stomach and extremities, small quantities of brandy after vomiting was allayed, frictions to skin with hot flannel.

No case in our regiment proved fatal, although one man was pulseless and cold for over thirty-six hours. Nostalgia, or homesickness, was prevalent in the camps, more especially after the retreat from Manassas, and had a pernicious effect on the men. It is no wonder that soldiers, many of whom left home for the first time in their lives, should miss the society of their friends, and the home comforts which they had been accustomed to enjoy; should feel a longing desire to return, and prey on the mind and body to such an extent as to produce sickness, and when sick to aggravate and retard recovery. But after a few weeks this desire wore away, and I apprehend now there are but few who really wish to leave, and the number is daily diminishing.

The great proportion of the sick for the last few days are bilious remittent fever, with a tendency to become typhoid. Almost all of the cases west of Alexandria are sent to the hospitals here, where they are well cared for. There are about 120 in Fairfax street, and about the same number in the Washington Street Hospital. These are exclusive of surgical cases. There have been but few deaths thus far. Those camps that are situated on the low grounds adjoining the river or inlets are more affected than others. There is no doubt that the origin of fever here is malaria. Cleanliness in and about the camps has a wonderful effect in preventing sickness, and where the police is the most rigid there you find the least sickness. Since the order prohibiting sutlers from selling liquors, there has been less sickness than before; for although they have not at any time sold to non-commissioned officers and privates, yet wherever liquor is sold, it is sure to get into the hands of those who want it most, and its pernicious effects are at once seen.

After the soldier is paid we notice an increase of the number of sick. This arises from five causes. The drinking which attends his having money to purchase liquor with, and his eating improper food, green fruits, and pies and cakes and such other things that are pernicious. There are times I have no doubt but a judicious use of spirits is good, and if the soldier could take it at the right time and in the proper quantity, there is no doubt of its being a benefit. But it happens that the soldier believes he requires it nearly every hour in the day, and would be unfit for duty all the time, and most generally ready for acts of insubordination or he lies in the guard-house most of his time. This great and magnificent army that now lies so quiet and orderly on the banks of the Potomac, that is so easily governed, and in such excellent health to-day, would be sick, mutinous, and disorganized within one month from this, if an unlimited supply of ardent spirits were to be bought by the soldier.

A soldier will do any act to get liquor, especially after getting one drink. He will pay all the money he has, from fifty cents to one dollar, and even more, if he cannot get it without. He will desert his camp, forge a pass, run the guards, and when outside the camp will not stop until he gets beastly drunk; will lie down on the ground and expose his health and life, and be arrested, carried back to camp, put in the guard-house, be punished and disgraced, and close up by being on the sick list for a long time for the privilege of drinking bad liquor.

The soldier thinks it a great hardship to stand guard, or work in the trenches, or drill, or cook, or do any of the necessary labors of the camp; but it is no hardship for him to go off and get drunk, and take all the penalties of a regular debauch, because he does it voluntarily. He had far better be kept at work; it contributes to his happiness, to his efficacy, and his usefulness.

The suppression of intemperance in the army is one of the most herculean of labors. Martial and civil enactments, stringent orders, a vigilant police, all fail in preventing it. The greater the obstacles to be overcome, the greater ingenuity in finding means for obtaining it. Of all the evils attending the life of a soldier—and there are from the nature of the service many—none are so fruitful in bad results as the use of intoxicating liquor. Most of the accidents in camps arise from it. Murders, assassinations, mutinies, and quarrels have their origin directly or indirectly in intemperance.

There is no safety to the orderly and temperate where intoxicated men are about, and they should be placed under guard at once, whether quiet or noisy, if found to have been drinking. Bad as it is for the non-commissioned officer and private to drink too much, it is still worse for the man who wears shoulder straps, and by his example should lead in the work of reform. The private, when remonstrated with, says, "Why, my captain or lieutenant drinks, why cannot I do the same?" How the evil is to be suppressed I know not.

A. B. Shipman,
Med. Staff 17th Reg. N. Y. V.

Medical News.

Death of Prof. Quekett.—This distinguished surgeon died on the 20th of August. He was the author of a learned work on Histology, and for a time Conservator of the Museum of the College of Surgeons, London.

Physical Training.—Among the Parliamentary Papers recently issued, are two small volumes containing some information collected by Mr. Edwin Chadwick during the recent education inquiry. Mr. Chadwick shows in these papers that the present practice of long hours of teaching is a wide cause of enervation and predisposition to disease, and induces also habits of listlessness and dawdling. The half-time system is found to give nearly, if not quite, as good education as the whole time; and common sense tells us that a boy who has acquired the same amount of knowledge in half the time of another boy, must have obtained a proportionately superior habit of mental activity. It is this alertness, combined with the bodily aptitudes created by drill, that gives the comparatively stunted boys of the town a preference over the strong robust lads from the coast. Good schoolmasters say that about three hours a day are as long as a bright, voluntary attention on the part of children can be secured, and that in that period they may be really taught as much as they can receive; all beyond the profitable limit is waste.—*Medical Times and Gazette.*

Statistics of Resection.—The following statistics are from Dr. Heyfelder's recent work on resections:—"Resection of the hip-joint has been performed in 71 cases, the first operator being Anthony White, in 1815, and the results being 33 deaths, 33 cures, and 5 unknown; total resection of the knee-joint in 183 cases, the first operator being Filkin, of Northwich, in 1762, the results being 54 deaths, 125 cures, and 4 unknown; partial resection of the knee-joint in 36 cases, the results being 16 deaths and 20 cures; total resection of the foot-joint in 22 cases, amongst which are 3 deaths and 19 cures; partial resection of the same in 77 cases (8 deaths and 69 cures); resection of the astragalus in 67 cases (9 deaths and 58 cures), Fab. Hildanus being the first operator, in 1670; resections of the calcaneous in 84 cases (1 death and 83 cures), the first operator being Fornisus, in 1669, etc. Concerning the resections of the upper extremities, we find amongst others 288 cases of resection of the elbow-joint (32 deaths, 220 cures, 6 doubtful, 17 partially successful, and 13 failures). Altogether, 2662 resections have been made; the results are known of 2241 cases; there have been 452 deaths and 1616 complete cures; in 1789 cases the life has been saved; 173 cases have been unsuccessful; and of 421 the result is not known."

Edinburgh Medical Journal.—Messrs. Oliver and Boyd have purchased this Journal for £850.

ERRATA.—In the article last week, "The Renunciation of Homœopathists," for "indication of his course," please read "*Vindication* of his course," and for the words "no indication of his course and position is possible, only condemnation can be affirmed of it," read "no *Vindication* of his course is possible, only condemnation can be affirmed of it." For "his own mental *requiem*," read "his own mental *regimen*." The word "Sora," should of course be "Psora." Other minor typographical errors need not be specified.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK,

From the 8th day of September to the 14th day of September, 1861.

Abstract of the Official Report.

Deaths.—Men, 80; women, 77; boys, 144; girls, 146—total, 447. Adults, 157; children, 290; males, 224; females, 223; colored, 8. Infants under two years of age, 215. Children reported of native parents, 11; foreign, 189.

Among the causes of death we notice:—Apoplexy, 5; Infantile convulsions, 25; croup, 6; diphtheria, 7; scarlet fever, 11; typhus and typhoid fevers, 6; cholera infantum, 52; cholera morbus, 1; consumption, 68; small-pox, 14; dropsy of head, 20; infantile marasmus, 42; diarrhœa and dysentery, 33; inflammation of brain, 14; of bowels, 12; of lungs, 14; bronchitis, 3; congestion of brain, 6; of lungs, 1; erysipelas, 1; whooping cough, 5; measles, 5. 244 deaths occurred from acute disease, and 34 from violent causes. 328 were native, and 119 foreign; of whom 71 came from Ireland; 3 died in the Immigrant Institution, and 62 in the City Charities; of whom 16 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Sept. 1861	Barometer. Mean height.	Barometer. Daily range.	Temperature. Mean	Temperature. Min.	Temperature. Max.	Difference of dry and wet bulb. Thrm. Mean	Difference of dry and wet bulb. Thrm. Max.	Wind.	Mean amount of cloud.	Rain.
	In.	In	°	°	°	°	°			
8th	30.21	.24	75	66	82	8	12	N.	.07	
9th	30.20	.07	68	62	76	8.4	13	N.E.	5	
10th	30.17	.38	68	64	72	8	12	"	4	
11th	29.81	.24	69	66	74	4	8	N.E. to S.W.	9.5	1.31
12th	29.84	.21	71	63	80	10	15	N.W. to W.	.08	1.31
13th	30.07	.17	71	62	80	11	17	N.W. to S.W.	.00	
14th	30.17	.14	72	68	77	9	13	"	.08	

REMARKS upon certain points not explained in the above. 9th, Cloudy A.M. 10th, Sky mostly obscured P.M. 11th, Hard rain early A.M. and late P.M.; wind S.E., and rain at intervals during the day. 12th, Rain early A.M. 14th, Fresh wind at night.

MEDICAL DIARY OF THE WEEK.

Monday, Sept. 23. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.

Tuesday, Sept. 24. NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M.

Wednesday, Sept. 25. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. NEW YORK PATHOLOGICAL SOCIETY, 8 P.M.

Thursday, Sept. 26. NEW YORK HOSPITAL, Dr. Parker, half-past 1 P.M.

Friday, Sept. 27. NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M.

Saturday, Sept. 28. NEW YORK HOSPITAL, Dr. Bulkley, half-past 1 P.M. BROOKLYN CITY HOSPITAL, Dr. Hutchison, 12 M.

COLLEGE OF PHYSICIANS AND SURGEONS.

ORDER OF PRELIMINARY LECTURES.

Hours.	Monday, Sept. 23.	Tuesday, Sept. 24.	Wed'sday, Sept. 25.	Thursday, Sept. 26.	Friday, Sept. 27.	Saturday, Sept. 28.
10		Clark	St. John		St. John	
11	Parker & Markoe (Surg Cln)	Living'ton Conant	Living'ton	Clark (Clinic)	Markoe	Living'ton
12			Bumstead		Bumstead	Conant
2½	Detmold		Detmold (Clinic)		Swift (Clinic)	

UNIVERSITY MEDICAL COLLEGE.

ORDER OF PRELIMINARY LECTURES.

Hours.	Monday, Sept. 23.	Tuesday, Sept. 24.	Wed'sday, Sept. 25.	Thursday, Sept. 26.	Friday, Sept. 27.	Saturday, Sept. 28.
11	Thomas	Draper	Reynolds	Draper	Donaghe	Post (Clinic)
2½	Bedford (Clinic)		Metcalfe (Clinic)			
3		Mott (Clinic)				
3½			Van Buren (Clinic)			

NEW YORK MEDICAL COLLEGE.

ORDER OF PRELIMINARY LECTURES.

Hours.	Monday, Sept. 23.	Tuesday, Sept. 24.	Wed'sday, Sept. 25.	Thursday, Sept. 26.	Friday, Sept. 27.	Saturday, Sept. 28.
11	Raphael (Clinic)	Holcomb (Clinic)	Noegger'h & Budd (Clinic)	Budd	Holcomb	Budd (Clinic)
12	Carnochan	Raphael	Jacobi	Carnochan	Noegge-rath	
3		Jacobi (Clinic)			Jacobi	

BELLEVUE HOSPITAL MEDICAL COLLEGE.

ORDER OF PRELIMINARY LECTURES.

Hours.	Monday, Sept. 23.	Tuesday, Sept. 24.	Wed'sday, Sept. 25.	Thursday, Sept. 26.	Friday Sept. 27.	Saturday, Sept. 28.
10-11	Flint.	Wood	Smith	Barker	Wood	Flint
11-12	Sayre (Surg. Cl.)	Flint (Med. Cl.)	Smith (Surg. Cl.)	Elliot (Obst. Cl.)	Flint (Med. Cl.)	Smith (Surg. Cl.
3-4	Taylor	Flint, Jr.	1.15 P.M. Sayre*	Taylor	Flint, Jr.	1.30 P.M. Mott
4-5	Macready	Doremus		Doremus	Macready	(Surg. Cl.

* Lecture at the Island Hospital; a boat leaves Bellevue for the accommodation of Students.

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